

SEEC FORM 30

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



Electronic Filing

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Page 1 of 128

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Scanlon 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First	MI	Last		Suffix	
Arnold	F	Skretta			
4. TREASURER ADDRESS					
Street Address	City	State	Zip Code		
313 S Union St	Guilford	CT	06437		
5. ELECTION DATE	6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)	
11/03/2026	State Comptroller				
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First	MI	Last		Suffix	
Sean	M	Scanlon			
9. TYPE OF REPORT					
July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date					
04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Arnold Skretta		07/10/2026 6:50:48PM	
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	
Scanlon 2026	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$33,677.11	
14. Contributions received from Individuals (Section A and B)	\$29,945.00	\$105,039.00
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)	\$29,945.00	\$105,039.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$63,622.11	\$105,039.00
20. Expenses Paid by Committee (Section N)	\$34,891.39	\$76,308.28
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$28,730.72	\$28,730.72
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Scanlon 2026		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 Rutledge		First Peyton		MI B	Contribution ID # 0908
Residential Street Address 9 Alexis Dr		City Bolton		State CT	Zip Code 06043-7843
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$55.00	\$5.00

Last Name Wyman		First Nancy		MI S	Contribution ID # 0947
Residential Street Address 18 Amelia Ln		City Tolland		State CT	Zip Code 06084-2172
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Harris		First Tabitha		MI L	Contribution ID # 0963
Residential Street Address 118 Clayton Rd		City East Hartford		State CT	Zip Code 06118-2709
Principal Occupation Healthcare		Name of Employer Hartford 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	
Is this contribution associated with an 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	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Roane		First Miriam		MI 	Contribution ID # 1064
Residential Street Address 15 Baltic St		City Hartford		State CT	Zip Code 06112-1202
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name DeVivo		First Thomas		MI E	Contribution ID # 1017
Residential Street Address 110 Bolivia St		City Willimantic		State CT	Zip Code 06226-2818
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/02/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Lister		First Hilary		MI 	Contribution ID # 1065
Residential Street Address 7 Victoria Ln		City Westport		State CT	Zip Code 06880-2155
Principal Occupation Chief Investigative Officer		Name of Employer Sparacino PLLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Melville		First Gregory		MI W	Contribution ID # 0952
Residential Street Address 484 Joshuatown Rd		City Lyme		State CT	Zip Code 06371-3034
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/03/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Horne		First William		MI	Contribution ID # 0974
Residential Street Address 246 Pleasant Point Rd		City Branford		State CT	Zip Code 06405-5610
Principal Occupation Retired		Name of Employer None-retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$125.00	\$25.00

Last Name Perugino		First Pat		MI	Contribution ID # 1066
Residential Street Address 455		City West Haven		State CT	Zip Code 06516
Principal Occupation Finance		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Laccavole		First Matt		MI	Contribution ID # 1067
Residential Street Address 894 Ridge Rd		City Wethersfield		State CT	Zip Code 06109-2853
Principal Occupation Administrator		Name of Employer Not Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Frenaye		First Tom		MI	Contribution ID # 0879
Residential Street Address 489 Warnertown Rd		City West Suffield		State CT	Zip Code 06093-2225
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/07/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Manzione		First Lara L		MI	Contribution ID # 1006
Residential Street Address 3 Sand Creek Dr		City Old Saybrook		State CT	Zip Code 06475-2345
Principal Occupation Attorney		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$100.00

Last Name Maloney		First James		MI H	Contribution ID # 1028
Residential Street Address 5 Benchmark Rd		City Sherman		State CT	Zip Code 06784-1528
Principal Occupation Executive		Name of Employer Commonweal Services Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

Last Name Bishop		First Nancy		MI	Contribution ID # 1068
Residential Street Address 64 Trolley Rd		City Guilford		State CT	Zip Code 06437-3109
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Moore		First Brandon		MI	Contribution ID # 1069
Residential Street Address 17 Plumtrees Rd		City Newtown		State CT	Zip Code 06470-1729
Principal Occupation Director		Name of Employer Leadership Now Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/10/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name barro		First jen		MI	Contribution ID # 1071
Residential Street Address 18 Dunwoodie Pl		City Greenwich		State CT	Zip Code 06830-3520
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Peterson		First June		MI G	Contribution ID # 0884
Residential Street Address 44 Ashpohtag Rd		City Norfolk		State CT	Zip Code 06058-1004
Principal Occupation Media relations		Name of Employer Mediabids			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Scalettar		First Ellen		MI	Contribution ID # 0894
Residential Street Address 1265 Racebrook Rd		City Woodbridge		State CT	Zip Code 06525-1824
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/16/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Feldstein		First Edward		MI	Contribution ID # 1073
Residential Street Address 92 Magnolia Ave		City Westbury		State NY	Zip Code 11590-4718
Principal Occupation Owner - printing company		Name of Employer Atlas Direct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Axthelm		First Nancy		MI M	Contribution ID # 1074
Residential Street Address 33 Minute Man Hl		City Westport		State CT	Zip Code 06880-6523
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Ainsworth		First Janet		MI 	Contribution ID # 0871
Residential Street Address 169 Northwood Dr		City Guilford		State CT	Zip Code 06437-1167
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/23/2026	Aggregate Contributions \$115.00	\$25.00

Last Name Thiele		First Tiffany		MI V	Contribution ID # 0881
Residential Street Address 626 Gilead St		City Hebron		State CT	Zip Code 06248-1314
Principal Occupation Communications Director		Name of Employer CT Department of Revenue Services			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Peters		First Lesa		MI C	Contribution ID # 0940
Residential Street Address 155 Good Hill Rd		City Woodbury		State CT	Zip Code 06798-2502
Principal Occupation Senior Technical Support Manager		Name of Employer Select Business Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Peters		First Lesa		MI C	Contribution ID # 0941
Residential Street Address 155 Good Hill Rd		City Woodbury		State CT	Zip Code 06798-2502
Principal Occupation Senior Technical Support Manager		Name of Employer Select Business Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$75.00	\$50.00

Last Name Shapiro		First Joe		MI 	Contribution ID # 1124
Residential Street Address 73 Blackman Rd		City Ridgefield		State CT	Zip Code 06877-4203
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$440.00	\$100.00

Last Name Scordato		First Joseph		MI 	Contribution ID # 1126
Residential Street Address 80 Maple Ave S		City Westport		State CT	Zip Code 06880-6338
Principal Occupation Attorney		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Niles		First Dawn		MI M	Contribution ID # 0896
Residential Street Address 27 Fairway Dr		City North Windham		State CT	Zip Code 06256-1351
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 03272026a	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/01/2026	Aggregate Contributions \$120.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bartlett		First Maureen		MI	Contribution ID # 0918
Residential Street Address 27 Seth Low Mountain Rd		City Ridgefield		State CT	Zip Code 06877-2021
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Siegelbaum		First Beth		MI M	Contribution ID # 0958
Residential Street Address 57 Russell St		City Norwalk		State CT	Zip Code 06855-1306
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pulchin		First Howard		MI	Contribution ID # 1041
Residential Street Address 7 Town Hill Rd		City Warren		State CT	Zip Code 06754-1808
Principal Occupation Non-profit/political		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/02/2026	Aggregate Contributions \$250.00	\$250.00

Last Name O`Rourke		First Terri		MI	Contribution ID # 1127
Residential Street Address 7 Harbor Pkwy		City Clinton		State CT	Zip Code 06413-2606
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gadkar-Wilcox		First Wynn		MI W	Contribution ID # 1128
Residential Street Address 36 Overlook Pl		City Trumbull		State CT	Zip Code 06611-1320
Principal Occupation Professor		Name of Employer Western Connecticut State University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/04/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Werner		First Elaine		MI CT	Contribution ID # 1114
Residential Street Address 48 Mallard Dr		City Avon		State CT	Zip Code 06001-4544
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/05/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Bellamy		First Janet		MI A	Contribution ID # 0945
Residential Street Address 11 Sunset Dr		City Ashford		State CT	Zip Code 06278-1234
Principal Occupation Retired Occupational Therapist		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$160.00	\$100.00

Last Name Capezone		First Tim		MI CT	Contribution ID # 0977
Residential Street Address 47 Thornton St		City Hamden		State CT	Zip Code 06517-1321
Principal Occupation Manager		Name of Employer University of Virginia			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$160.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pearston		First Robert		MI 	Contribution ID # 1109
Residential Street Address 992 Ridgewood Rd		City Middletown		State CT	Zip Code 06457-8710
Principal Occupation Transporter		Name of Employer Hertz			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Summers		First Paul		MI W	Contribution ID # 1129
Residential Street Address 69 Rockledge Loop		City Torrington		State CT	Zip Code 06790-3064
Principal Occupation Attorney		Name of Employer Sedgwick			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/09/2026	Aggregate Contributions \$35.00	\$5.00

Last Name Botelle-Sherman		First Sharon		MI K	Contribution ID # 0937
Residential Street Address 17 South Mdws		City Woodbury		State CT	Zip Code 06798-3223
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Towbin		First Linda		MI M	Contribution ID # 0928
Residential Street Address 77 Oak Ridge Dr		City Bethany		State CT	Zip Code 06524-3117
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/10/2026	Aggregate Contributions \$35.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Terhune		First Mary		MI F	Contribution ID # 0921
Residential Street Address 40 School Rd		City Bolton		State CT	Zip Code 06043-7816
Principal Occupation Retired		Name of Employer Town of Bolton -I am Deputy Registrar of Voters			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Rutledge		First Peyton		MI B	Contribution ID # 0909
Residential Street Address 9 Alexis Dr		City Bolton		State CT	Zip Code 06043-7843
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$75.00	\$25.00

Last Name Hulick		First Anne		MI B	Contribution ID # 0991
Residential Street Address 20 Nordland Ave Apt 1E		City Cromwell		State CT	Zip Code 06416-2359
Principal Occupation retired		Name of Employer Clean Water Action-retired 2025			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Timpanelli		First Paul		MI S	Contribution ID # 1031
Residential Street Address 5628 Main St		City Trumbull		State CT	Zip Code 06611-3029
Principal Occupation Consulting, real esate		Name of Employer Connections Plus, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Tyszka		First Frank		MI	Contribution ID # 1130
Residential Street Address 18 Shortell Dr		City Ansonia		State CT	Zip Code 06401-2402
Principal Occupation Mayor		Name of Employer City of Ansonia			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Casey		First Timothy		MI	Contribution ID # 1133
Residential Street Address 10 Fair Hill Ln		City Suffield		State CT	Zip Code 06078-1202
Principal Occupation Data Science and AI Project Manager		Name of Employer MassMutual			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Johnson		First Dominique		MI E	Contribution ID # 1024
Residential Street Address 12 Toilsome Ave		City Norwalk		State CT	Zip Code 06851-2321
Principal Occupation Legislator		Name of Employer CT General Assembly			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bartlett		First Geoff		MI	Contribution ID # 1084
Residential Street Address 27 Seth Low Mountain Rd		City Ridgefield		State CT	Zip Code 06877-2021
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Volpe		First Mario		MI	Contribution ID # 1111
Residential Street Address 29 Rockwell Pl		City West Hartford		State CT	Zip Code 06107-1438
Principal Occupation Policy & Advocacy Manager		Name of Employer Connecticut Coalition Against Domestic Violence			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kiner		First David		MI	Contribution ID # 0903
Residential Street Address 100 King Rd		City Somers		State CT	Zip Code 06071-1124
Principal Occupation Executive Director		Name of Employer Educational Resources for Children			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Roy		First Pamela		MI	Contribution ID # 0900
Residential Street Address 60 Featherbed Ln		City Branford		State CT	Zip Code 06405-6119
Principal Occupation Retired teacher		Name of Employer Retired teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$290.00	\$60.00

Last Name Grady		First Dorothy		MI M	Contribution ID # 0925
Residential Street Address 42 Cornwall Dr		City Coventry		State CT	Zip Code 06238-1606
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Watanabe		First Myrna		MI E	Contribution ID # 0927
Residential Street Address 920 Farmington Ave Apt 402		City West Hartford		State CT	Zip Code 06107-2216
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Lopez		First Erin		MI E	Contribution ID # 0930
Residential Street Address 77 Patricia Cir		City Fairfield		State CT	Zip Code 06825-1186
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Albini		First Lia		MI	Contribution ID # 0888
Residential Street Address 168 Westland Ave		City West Hartford		State CT	Zip Code 06107-3056
Principal Occupation Senior Director		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pastor		First Sheila		MI	Contribution ID # 1134
Residential Street Address 1100 Coleman Rd		City Cheshire		State CT	Zip Code 06410-3220
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Connelly		First Lisa		MI	Contribution ID # 1135
Residential Street Address 10 N Chestnut Hill Rd		City Killingworth		State CT	Zip Code 06419-1001
Principal Occupation Homemaker		Name of Employer Self			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ginis		First Alexander		MI	Contribution ID # 1136
Residential Street Address 168 Westland Ave		City West Hartford		State CT	Zip Code 06107-3056
Principal Occupation Lobbyist		Name of Employer Reynolds Strategy Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Winkler		First Phyllis		MI	Contribution ID # 0936
Residential Street Address 20 Gottier Dr		City Vernon		State CT	Zip Code 06066-4605
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Moonan		First Patricia		MI M	Contribution ID # 0951
Residential Street Address 100 Parrott Dr Unit 1704		City Shelton		State CT	Zip Code 06484-4782
Principal Occupation Licensed Marriage and Family Therapist		Name of Employer Complete Counseling Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gerratana		First Terry		MI B	Contribution ID # 1001
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Anderson		First Brian		MI J	Contribution ID # 0895
Residential Street Address 23 Ridge Rd		City Storrs		State CT	Zip Code 06268-2015
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/15/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Jameson		First Eliot		MI	Contribution ID # 0892
Residential Street Address 54 Quarry Dock Rd		City Branford		State CT	Zip Code 06405-4655
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/16/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Collins		First Paul		MI	Contribution ID # 1119
Residential Street Address 12 Dresden Ct E		City Goshen		State CT	Zip Code 06756-2129
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/17/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Perroncel		First Renee		MI	Contribution ID # 1095
Residential Street Address 626 Avon Dr		City Orange		State CT	Zip Code 06477-1905
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/17/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Van Buren		First Tyler		MI	Contribution ID # 1137
Residential Street Address 49 Red Hill Dr		City Glastonbury		State CT	Zip Code 06033-3128
Principal Occupation Principal		Name of Employer Van Buren Media LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/18/2026	Aggregate Contributions \$60.00	\$60.00

Last Name DiLaura		First Arnold		MI	Contribution ID # 1039
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/19/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Pearson		First Patricia		MI	Contribution ID # 1047
Residential Street Address 281 Bittersweet Rd		City Orange		State CT	Zip Code 06477-2001
Principal Occupation Insurance Broker		Name of Employer TPInsurance llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Elder		First Alma		MI G	Contribution ID # 0955
Residential Street Address 106 West St		City Middlefield		State CT	Zip Code 06455-1121
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Smith		First Mike		MI CT	Contribution ID # 1138
Residential Street Address 228 Shadyside Ln		City Milford		State CT	Zip Code 06460-6721
Principal Occupation Rome Smith Kowalski		Name of Employer Lobbyist			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Butkus		First Ray		MI CT	Contribution ID # 1132
Residential Street Address 117 Hard Hill Rd		City Bethlehem		State CT	Zip Code 06751
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Gioiello		First David		MI M	Contribution ID # 0876
Residential Street Address 65 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484-2514
Principal Occupation Consultant		Name of Employer IHSC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chafee		First Brandon		MI B	Contribution ID # 0924
Residential Street Address 73 Ten Acre Rd		City Middletown		State CT	Zip Code 06457-1731
Principal Occupation Engineer		Name of Employer Everosource			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$125.00	\$25.00

Last Name Mulrenan		First Holly		MI E	Contribution ID # 1051
Residential Street Address 204 3rd Ave		City Milford		State CT	Zip Code 06460-5243
Principal Occupation Chief of Staff		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$150.00	\$100.00

Last Name Robinson		First Thomas		MI	Contribution ID # 1055
Residential Street Address 124 Kent Dr		City Manchester		State CT	Zip Code 06042-2257
Principal Occupation Attorney		Name of Employer Fmpr			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$120.00	\$60.00

Last Name Basile		First Jo-Anne		MI	Contribution ID # 1103
Residential Street Address 33 Hunting Ridge Farms Rd		City Branford		State CT	Zip Code 06405-6131
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/23/2026	Aggregate Contributions \$90.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Shannon		First MJ		MI	Contribution ID # 1093
Residential Street Address 33 Foran Rd Apt 11		City Milford		State CT	Zip Code 06460-7772
Principal Occupation Development Specialist		Name of Employer Beth-El Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Johnston		First Melissa		MI	Contribution ID # 1094
Residential Street Address 451 Herbert St		City Orange		State CT	Zip Code 06477-2120
Principal Occupation Defibtech, LLC		Name of Employer Defibtech LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Daniels		First Jacquelyn		MI	Contribution ID # 1091
Residential Street Address 404 N Main St		City Ansonia		State CT	Zip Code 06401-1448
Principal Occupation Accountant		Name of Employer Sandy Hook Promise Foundation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Heffernan		First William		MI	Contribution ID # 1098
Residential Street Address 271 Kelsey Ave		City West Haven		State CT	Zip Code 06516-4946
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McGuire		First Elizabeth		MI R	Contribution ID # 1112
Residential Street Address 711 Canyon Ridge Dr		City Broad Brook		State CT	Zip Code 06016-5600
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Munoz		First Victoria		MI CT	Contribution ID # 1077
Residential Street Address 88 Tait Rd		City Trumbull		State CT	Zip Code 06611-3844
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Goldblatt		First Mitch		MI R	Contribution ID # 1043
Residential Street Address 291 Drummond Rd		City Orange		State CT	Zip Code 06477-3406
Principal Occupation Director of Human Resources		Name of Employer Town of Guilford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Moore		First Christopher		MI CT	Contribution ID # 1044
Residential Street Address 125 Wildwood Ave		City Madison		State CT	Zip Code 06443-1902
Principal Occupation Physician		Name of Employer 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	
Is this contribution associated with an 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 \$160.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Eisenthal		First David		MI M	Contribution ID # 0922
Residential Street Address 40 McDivitt Dr		City Manchester		State CT	Zip Code 06042-2240
Principal Occupation Municipal Advisor		Name of Employer UniBank Fiscal Advisory Services, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$250.00	\$250.00

Last Name Deeds		First Denese		MI A	Contribution ID # 0933
Residential Street Address 65 Walnut Tree Hill Rd		City Shelton		State CT	Zip Code 06484-2514
Principal Occupation Consultant		Name of Employer IHSC, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Dietch		First Jody		MI L	Contribution ID # 0880
Residential Street Address 601 Harborview Rd		City Orange		State CT	Zip Code 06477-2031
Principal Occupation Executive Director		Name of Employer Congregation Mishkan Israel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$106.00	\$50.00

Last Name Friedrich		First Allen		MI J	Contribution ID # 0953
Residential Street Address 47 Prospect St Apt D		City Glastonbury		State CT	Zip Code 06033-1188
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Scanlon 2026

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kadaba		First Sridhar		MI G	Contribution ID # 0954
Residential Street Address 296 Grandview Dr		City Glastonbury		State CT	Zip Code 06033-3946
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mortimer		First John		MI R	Contribution ID # 0959
Residential Street Address 41 James St		City Milford		State CT	Zip Code 06460-6224
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$30.00	\$25.00

Last Name Glennon		First Susan		MI	Contribution ID # 0967
Residential Street Address 99 Carlson Dr		City Milford		State CT	Zip Code 06460-4305
Principal Occupation Licensed childcare		Name of Employer Susan Glennon			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Callahan		First Kathleen		MI	Contribution ID # 1009
Residential Street Address 271 Castle Dr		City Stratford		State CT	Zip Code 06614-2568
Principal Occupation Consultant		Name of Employer United Way of Coastal and Western CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$250.00	\$150.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Reilly		First Ursula		MI C	Contribution ID # 1010
Residential Street Address 10 Hilltop Ln		City West Haven		State CT	Zip Code 06516-4807
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$105.00	\$50.00

Last Name Fitzmaurice		First Daniel		MI CT	Contribution ID # 1139
Residential Street Address 831 College Rd		City Orange		State CT	Zip Code 06477-1356
Principal Occupation Administrator		Name of Employer United Way of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Golomb		First Sarah		MI CT	Contribution ID # 1140
Residential Street Address 831 College Rd		City Orange		State CT	Zip Code 06477-1356
Principal Occupation Nurse		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Colligan-Levine		First Patricia		MI CT	Contribution ID # 1141
Residential Street Address 60 Birch Pl		City Stratford		State CT	Zip Code 06614-4104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Malloy Scanlon		First Kristen		MI	Contribution ID # 1142
Residential Street Address 678 Sawmill Rd		City West Haven		State CT	Zip Code 06516-3920
Principal Occupation Teacher		Name of Employer West Haven BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name McQueeney		First Kerry		MI	Contribution ID # 1143
Residential Street Address 42 Sumac St		City West Haven		State CT	Zip Code 06516-5759
Principal Occupation Teacher		Name of Employer West Haven Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Malloy		First Thomas		MI G	Contribution ID # 1197
Residential Street Address 180 Highland Ave		City West Haven		State CT	Zip Code 06516-5735
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Muerks		First Katie		MI	Contribution ID # 1198
Residential Street Address 505 Ocean Ave		City West Haven		State CT	Zip Code 06516-7249
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Heffernan		First Anne		MI M	Contribution ID # 1199
Residential Street Address 271 Kelsey Ave		City West Haven		State CT	Zip Code 06516-4946
Principal Occupation Registered Nurse		Name of Employer Bridgeport 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	
Is this contribution associated with an 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	\$50.00

Last Name Feinmark		First Russell		MI 	Contribution ID # 1200
Residential Street Address 167 Beach Ave		City Milford		State CT	Zip Code 06460-8025
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McNabola		First Kevin		MI 	Contribution ID # 1201
Residential Street Address 290 Currier Dr		City Orange		State CT	Zip Code 06477-2923
Principal Occupation Finance - CFO		Name of Employer City of Meriden			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sutcliffe		First Lynda		MI L	Contribution ID # 1202
Residential Street Address 181 Bellevue Ave		City West Haven		State CT	Zip Code 06516-6727
Principal Occupation N.A		Name of Employer N.A			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Conine		First Richard		MI C	Contribution ID # 1203
Residential Street Address 215 Gulf St		City Milford		State CT	Zip Code 06460-4818
Principal Occupation Owner		Name of Employer Stonebridge Restaurant			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Shake		First Kaitlyn		MI T	Contribution ID # 1011
Residential Street Address 44 Charlton St		City Stratford		State CT	Zip Code 06614-4331
Principal Occupation Registered Nurse		Name of Employer Norwalk Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$80.00	\$80.00

Last Name Karp		First Susan		MI	Contribution ID # 0962
Residential Street Address 32 Rampart Dr		City Glastonbury		State CT	Zip Code 06033-3366
Principal Occupation Unemployed		Name of Employer None			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Welander		First Mary		MI	Contribution ID # 0976
Residential Street Address 377 Dogwood Rd		City Orange		State CT	Zip Code 06477-3138
Principal Occupation State Representative		Name of Employer CGA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Bingham		First Ryan		MI	Contribution ID # 0972
Residential Street Address 20 Spencer Brook Rd		City New Hartford		State CT	Zip Code 06057-3635
Principal Occupation Lobbyist		Name of Employer Sullivan & LeShane, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gresko		First Joseph		MI P	Contribution ID # 0980
Residential Street Address 284 Mary Ave		City Stratford		State CT	Zip Code 06614-5327
Principal Occupation State Representative		Name of Employer 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	
Is this contribution associated with an 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 \$100.00	\$100.00

Last Name Howroyd		First Josh		MI M	Contribution ID # 0969
Residential Street Address 155 Mountain Rd		City Manchester		State CT	Zip Code 06040-4549
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$75.00	\$50.00

Last Name Smith		First Rich		MI M	Contribution ID # 0897
Residential Street Address 59 6th Ave		City Milford		State CT	Zip Code 06460-5348
Principal Occupation City Employee		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$120.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Smith		First Rich		MI M	Contribution ID # 0898
Residential Street Address 59 6th Ave		City Milford		State CT	Zip Code 06460-5348
Principal Occupation City Employee		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$120.00	\$60.00

Last Name Smith		First Frank		MI	Contribution ID # 0886
Residential Street Address 232 2nd Ave		City Milford		State CT	Zip Code 06460-5235
Principal Occupation Legislator		Name of Employer 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	
Is this contribution associated with an 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	\$50.00

Last Name Hackett		First Margaret		MI H	Contribution ID # 0917
Residential Street Address 144 Haystack Rd		City Manchester		State CT	Zip Code 06040-6772
Principal Occupation Director, Learning & Development		Name of Employer State of Connecticut Executive Branch			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Vetro		First Philip		MI	Contribution ID # 0910
Residential Street Address 10 Carmen Rd		City Milford		State CT	Zip Code 06460-7508
Principal Occupation Home Improvement Contractor		Name of Employer Vetro Construction LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Marrone		First Sharon		MI	Contribution ID # 0911
Residential Street Address 5 Springdale St		City Milford		State CT	Zip Code 06460-7467
Principal Occupation Administrative Assistant		Name of Employer CT Retina Consultants LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Pearson		First Patricia		MI	Contribution ID # 1048
Residential Street Address 281 Bittersweet Rd		City Orange		State CT	Zip Code 06477-2001
Principal Occupation Insurance Broker		Name of Employer TPInsurance llc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Shultz		First Scott		MI	Contribution ID # 1032
Residential Street Address 375 Spruce St		City Stratford		State CT	Zip Code 06615-7634
Principal Occupation Sales		Name of Employer JC Media			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

Last Name Vernon		First Marva		MI	Contribution ID # 1110
Residential Street Address 28 Ely St		City West Haven		State CT	Zip Code 06516-3309
Principal Occupation Social Worker		Name of Employer Cornell Scott-Health Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Heffernan		First William		MI	Contribution ID # 1099
Residential Street Address 271 Kelsey Ave		City West Haven		State CT	Zip Code 06516-4946
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Lepper		First Sherri		MI	Contribution ID # 1100
Residential Street Address 16 Alexander Dr		City West Haven		State CT	Zip Code 06516-5509
Principal Occupation Payroll Coordinator		Name of Employer West Haven Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lewis		First John		MI	Contribution ID # 1101
Residential Street Address 10 Peppermill Dr		City West Haven		State CT	Zip Code 06516-6622
Principal Occupation Clerk		Name of Employer The City of West Haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Tracy		First Karen		MI	Contribution ID # 1090
Residential Street Address 271 Castle Dr		City Stratford		State CT	Zip Code 06614-2568
Principal Occupation Director of Software Engineering		Name of Employer Tessitura 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	
Is this contribution associated with an 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 \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Collins		First Deborah		MI	Contribution ID # 1097
Residential Street Address 72 Nashawena Ave		City West Haven		State CT	Zip Code 06516-7046
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Addonizio-Butts		First Samantha		MI	Contribution ID # 1145
Residential Street Address 70 Route 55 W		City Sherman		State CT	Zip Code 06784-1026
Principal Occupation Chief Compliance Officer		Name of Employer Stonebridge Advisors LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Zona		First Anthony		MI	Contribution ID # 1146
Residential Street Address 31 Roberta Rd		City North Haven		State CT	Zip Code 06473-1948
Principal Occupation Police Officer		Name of Employer Town of Stratford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$60.00	\$60.00

Last Name Dendas		First Zachary		MI	Contribution ID # 1147
Residential Street Address 2 Curiosity Ln		City Essex		State CT	Zip Code 06426-1356
Principal Occupation Gov affairs		Name of Employer 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	
Is this contribution associated with an 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 \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sharnick		First Brian		MI	Contribution ID # 1148
Residential Street Address 2415 Main St		City Stratford		State CT	Zip Code 06615-5900
Principal Occupation Police Officer		Name of Employer Stratford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$50.00

Last Name Wilson		First Robin		MI	Contribution ID # 1149
Residential Street Address 593 Arrowhead Dr		City Orange		State CT	Zip Code 06477-2306
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Medina		First Melvin		MI	Contribution ID # 1150
Residential Street Address 9 Dickinson Dr		City Woodbridge		State CT	Zip Code 06525-1111
Principal Occupation VP		Name of Employer TCPAF			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Couture		First Steve		MI	Contribution ID # 1151
Residential Street Address 128 Lakewood Cir S		City Manchester		State CT	Zip Code 06040-7019
Principal Occupation Self Employed		Name of Employer SDC Unlimited, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Murray		First Charlie		MI F	Contribution ID # 1152
Residential Street Address 118 Marilyn Dr		City Glastonbury		State CT	Zip Code 06033-4131
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Moran		First Patricia		MI CT	Contribution ID # 1153
Residential Street Address 149 Strawberry Ln		City Manchester		State CT	Zip Code 06040-6931
Principal Occupation Teacher		Name of Employer St James School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Frey		First Kathryn		MI CT	Contribution ID # 1154
Residential Street Address 11 Orchard Rest Rd		City Sherman		State CT	Zip Code 06784-2043
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Thompson		First Julie		MI M	Contribution ID # 1155
Residential Street Address 252 Overlook Rd		City Glastonbury		State CT	Zip Code 06033-3618
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stebe		First Mike		MI A	Contribution ID # 1156
Residential Street Address 85 Hollister St		City Manchester		State CT	Zip Code 06042-3561
Principal Occupation Supervisor		Name of Employer State of ct			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Lundy		First Beth		MI CT	Contribution ID # 1157
Residential Street Address 195 Horizon Ln		City Glastonbury		State CT	Zip Code 06033-2830
Principal Occupation Consultant		Name of Employer Vision Technologies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wishart		First Raychel		MI CT	Contribution ID # 1158
Residential Street Address 6 Cold Spring Dr		City Vernon		State CT	Zip Code 06066-5005
Principal Occupation Executive assistant		Name of Employer New england healthcRe employees union			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Haims		First Bruce		MI CT	Contribution ID # 1046
Residential Street Address 251		City Roxbury		State CT	Zip Code 06783
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$680.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Maloney		First James		MI H	Contribution ID # 1029
Residential Street Address 5 Benchmark Rd		City Sherman		State CT	Zip Code 06784-1528
Principal Occupation Executive		Name of Employer Commonweal Services Corporation			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$340.00	\$90.00

Last Name Farina		First Michael		MI G	Contribution ID # 1007
Residential Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040-4520
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$130.00	\$100.00

Last Name Celestine		First James		MI J	Contribution ID # 0990
Residential Street Address 14 Crescent Pl		City West Haven		State CT	Zip Code 06516
Principal Occupation Sales Solution Advisor		Name of Employer ADT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$85.00	\$85.00

Last Name Coleman		First Jeanne		MI	Contribution ID # 1054
Residential Street Address 79 Baldwin Rd		City Manchester		State CT	Zip Code 06042-1711
Principal Occupation Disabled		Name of Employer Disabled			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$20.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cassidy		First Deb		MI	Contribution ID # 1058
Residential Street Address 235 Highland St		City Manchester		State CT	Zip Code 06040-5607
Principal Occupation Gallery associate		Name of Employer Town of Manchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$75.00	\$50.00

Last Name Prause		First Eric		MI R	Contribution ID # 0904
Residential Street Address 147 John Olds Dr Apt 212		City Manchester		State CT	Zip Code 06042-8806
Principal Occupation Engineer		Name of Employer Nel Hydrogen			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Bowsza		First Jason		MI E	Contribution ID # 0902
Residential Street Address 121 East Rd		City Broad Brook		State CT	Zip Code 06016-9582
Principal Occupation First Selectman		Name of Employer Town of East Windsor			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Parkinson		First Angie		MI M	Contribution ID # 0932
Residential Street Address 31 High St Apt 7308		City East Hartford		State CT	Zip Code 06118-3805
Principal Occupation Teacher		Name of Employer Colchester BoE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brown		First Kevin		MI P	Contribution ID # 0935
Residential Street Address 65 Valley View Ln		City Vernon		State CT	Zip Code 06066-4135
Principal Occupation Teacher		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name McQueeney		First Kathleen		MI R	Contribution ID # 0919
Residential Street Address 114 Vernon St W		City Manchester		State CT	Zip Code 06042-2210
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$45.00	\$20.00

Last Name Dumaine		First David		MI M	Contribution ID # 0926
Residential Street Address 86 Tracy Dr		City Manchester		State CT	Zip Code 06042-2325
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$125.00	\$100.00

Last Name O'Neill		First Colin		MI C	Contribution ID # 0961
Residential Street Address 109 Autumn St		City Manchester		State CT	Zip Code 06040-5518
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Pierog		First Sandra		MI W	Contribution ID # 0944
Residential Street Address 37 Brandy St		City Bolton		State CT	Zip Code 06043-7600
Principal Occupation Accountant		Name of Employer Murphy & Company LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$60.00	\$50.00

Last Name Gold		First Lisa		MI CT	Contribution ID # 0949
Residential Street Address 31 High St Apt 11205		City East Hartford		State CT	Zip Code 06118-1881
Principal Occupation Administrator		Name of Employer OnAxis Franchising DBA Green Home Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$5.00

Last Name Gold		First Lisa		MI CT	Contribution ID # 0950
Residential Street Address 31 High St Apt 11205		City East Hartford		State CT	Zip Code 06118-1881
Principal Occupation Administrator		Name of Employer OnAxis Franchising DBA Green Home Solutions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$20.00

Last Name Moran		First Jay		MI J	Contribution ID # 0939
Residential Street Address 149 Strawberry Ln		City Manchester		State CT	Zip Code 06040-6931
Principal Occupation Vice President		Name of Employer University of Bridgeport			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Packer		First Warren		MI J	Contribution ID # 0942
Residential Street Address 374 Lydall St		City Manchester		State CT	Zip Code 06042-3301
Principal Occupation Constable		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$20.00

Last Name Dauphin		First Bill		MI CT	Contribution ID # 0979
Residential Street Address 11 Olive Ln		City Vernon		State CT	Zip Code 06066-2222
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$65.00	\$50.00

Last Name Barry		First Michael		MI W	Contribution ID # 0973
Residential Street Address 77 Boulder Rd		City Manchester		State CT	Zip Code 06040-4505
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ahmed		First Harun		MI CT	Contribution ID # 0992
Residential Street Address 32 Elro St		City Manchester		State CT	Zip Code 06040-4228
Principal Occupation Town constable		Name of Employer 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Skaggs		First Kelly		MI	Contribution ID # 1204
Residential Street Address 285 Bolton Center Rd		City Bolton		State CT	Zip Code 06043-7639
Principal Occupation Manager		Name of Employer Travelers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Ludewig		First Jeffrey		MI W	Contribution ID # 1205
Residential Street Address 33 E Eldridge St		City Manchester		State CT	Zip Code 06040-5524
Principal Occupation Professor		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Mills		First Ian		MI C	Contribution ID # 1206
Residential Street Address 14 Franklin Park E		City Vernon		State CT	Zip Code 06066-2443
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Tyszka		First Frank		MI	Contribution ID # 1131
Residential Street Address 18 Shortell Dr		City Ansonia		State CT	Zip Code 06401-2402
Principal Occupation Mayor		Name of Employer City of Ansonia			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$55.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nunez		First Paul		MI	Contribution ID # 0998
Residential Street Address 70 Marvel Rd		City New Haven		State CT	Zip Code 06515-2118
Principal Occupation Lobbyist		Name of Employer Depino Nunez and Biggs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Elango		First Anitha		MI	Contribution ID # 0946
Residential Street Address 108 Lisa Dr		City South Windsor		State CT	Zip Code 06074-1836
Principal Occupation Teacher		Name of Employer CSCU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Klein		First Rhea		MI M	Contribution ID # 0948
Residential Street Address 4 Bayberry Rd		City Bolton		State CT	Zip Code 06043-7618
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Landa		First Keith		MI B	Contribution ID # 0964
Residential Street Address 46 Rocky Hill Rd		City New Fairfield		State CT	Zip Code 06812-2707
Principal Occupation College Administrator		Name of Employer State University of New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hersh		First Richard		MI	Contribution ID # 0891
Residential Street Address 17 Fair St Apt 6		City Guilford		State CT	Zip Code 06437-2601
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Biggins		First Patrick		MI	Contribution ID # 1052
Residential Street Address 11 Alps Dr		City East Hartford		State CT	Zip Code 06108-1402
Principal Occupation Teacher		Name of Employer Goodwin magnet Systems			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$130.00	\$100.00

Last Name BUZAID		First PETER		MI	Contribution ID # 1080
Residential Street Address 2 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation Attorney		Name of Employer Peter Buzaid			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mennonna		First Marie		MI	Contribution ID # 1159
Residential Street Address 33 Smoke Ridge Dr		City Sherman		State CT	Zip Code 06784-1135
Principal Occupation Retired		Name of Employer Retiredretired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Weisberg		First Anne		MI	Contribution ID # 1160
Residential Street Address 3 Upland Pastures Rd		City Sherman		State CT	Zip Code 06784-1438
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Shortell		First Bill		MI	Contribution ID # 1162
Residential Street Address 947 W Main St		City New Britain		State CT	Zip Code 06053-3449
Principal Occupation Machinist		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$190.00	\$60.00

Last Name Friedman		First Barbara J		MI	Contribution ID # 1163
Residential Street Address 2 W 67th St Apt 10H		City New York		State NY	Zip Code 10023-6241
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Salvatore		First Frank		MI R	Contribution ID # 1164
Residential Street Address 1903 Revere Rd		City Danbury		State CT	Zip Code 06811-2661
Principal Occupation Administrator		Name of Employer Northwell			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$130.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Stargardter		First Katie		MI S	Contribution ID # 1165
Residential Street Address 8 Lisa Ln		City Tolland		State CT	Zip Code 06084-3536
Principal Occupation Government Affairs		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gubner		First Kathrine		MI S	Contribution ID # 1166
Residential Street Address 10 Chapel Hill Rd		City Sherman		State CT	Zip Code 06784-2205
Principal Occupation Psychotherapist.. private practice		Name of Employer Kathrine gold gubner, LCSW, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Imber		First Michael		MI E	Contribution ID # 1167
Residential Street Address 6 Glenwood Rd		City Weston		State CT	Zip Code 06883-2322
Principal Occupation Business development executive		Name of Employer Epiq Corporate Restructuring LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nardozzi		First Terry		MI S	Contribution ID # 1168
Residential Street Address 72 Old West Mountain Rd		City Ridgefield		State CT	Zip Code 06877-3027
Principal Occupation Producer		Name of Employer MANM Productions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nardozzi		First Terry		MI	Contribution ID # 1169
Residential Street Address 72 Old West Mountain Rd		City Ridgefield		State CT	Zip Code 06877-3027
Principal Occupation Producer		Name of Employer MANM Productions			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$25.00

Last Name Jagush		First Jan Maria		MI	Contribution ID # 1170
Residential Street Address 1 Coach HI		City Danbury		State CT	Zip Code 06811-3130
Principal Occupation Self-employed		Name of Employer Scalzo Real Estate/JMJ CT Property Management			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Benson		First Michael		MI	Contribution ID # 1171
Residential Street Address PO Box 338		City Ivoryton		State CT	Zip Code 06442-0338
Principal Occupation Photographer		Name of Employer Michael Benson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Rasmussen-Tuller		First Ken		MI S	Contribution ID # 1172
Residential Street Address 7 Douglas Cir		City West Hartford		State CT	Zip Code 06110-2507
Principal Occupation Administrative Director Procurement & Supply Chain		Name of Employer UConn Health Waterbury 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Nemczuk		First Gloria		MI	Contribution ID # 1173
Residential Street Address 284 Schoolside Lane Guilford Ct # 6437		City Guilford		State CT	Zip Code 06437
Principal Occupation Registrar		Name of Employer Town of Guilford, CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Hauselt		First John		MI	Contribution ID # 1106
Residential Street Address 34 Mildred Rd		City Meriden		State CT	Zip Code 06450-4830
Principal Occupation Software Engineer		Name of Employer Eversource Energy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ferrucci		First Steve		MI R	Contribution ID # 1121
Residential Street Address 3 Yale Ave		City Middlebury		State CT	Zip Code 06762-2713
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$75.00	\$25.00

Last Name Niedzielski Eichner		First Nora		MI	Contribution ID # 1122
Residential Street Address 7 Outer Rd		City Norwalk		State CT	Zip Code 06854-4709
Principal Occupation Attorney		Name of Employer Nagy Wolfe Appleton			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wolfson		First Steven		MI 	Contribution ID # 1053
Residential Street Address 1 Moose Hill Rd		City Guilford		State CT	Zip Code 06437-2396
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$345.00	\$100.00

Last Name Paulson		First Loretta		MI N	Contribution ID # 1016
Residential Street Address 6 Turtleback Rd		City Wilton		State CT	Zip Code 06897-1223
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Yass		First Robert		MI K	Contribution ID # 1008
Residential Street Address 15 Brenthaven		City Avon		State CT	Zip Code 06001-3941
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Douglass		First Frank		MI E	Contribution ID # 1030
Residential Street Address 570 Elm Street New Haven Ct		City New Haven		State CT	Zip Code 06511
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Villamil		First Alex		MI A	Contribution ID # 1042
Residential Street Address 11 Antler Pine Rd		City Sandy Hook		State CT	Zip Code 06482-1050
Principal Occupation Self Employed		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Swan		First Thomas		MI 	Contribution ID # 1034
Residential Street Address 155 Standish Rd		City Coventry		State CT	Zip Code 06238-2045
Principal Occupation Director		Name of Employer CCAG			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brady		First John		MI H	Contribution ID # 0883
Residential Street Address 159 Snake Meadow Hill Rd		City Sterling		State CT	Zip Code 06377-1611
Principal Occupation Vice President		Name of Employer AFT 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$75.00

Last Name Gartner		First Andrea		MI 	Contribution ID # 0915
Residential Street Address 112 Deer Hill Ave		City Danbury		State CT	Zip Code 06810-7939
Principal Occupation Executive Director		Name of Employer Friends of the Norwalk River Valley Trail			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$160.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Roy		First Pamela		MI	Contribution ID # 0901
Residential Street Address 60 Featherbed Ln		City Branford		State CT	Zip Code 06405-6119
Principal Occupation Retired teacher		Name of Employer Retired teacher			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$280.00	\$50.00

Last Name Pempek		First Scott		MI	Contribution ID # 1003
Residential Street Address 90 Five Mile River Rd		City Putnam		State CT	Zip Code 06260-3104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Johnson		First Michael		MI	Contribution ID # 0978
Residential Street Address 1418 Boulevard		City West Hartford		State CT	Zip Code 06119-1912
Principal Occupation Lobbyist		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Andrews		First Sharron		MI	Contribution ID # 0984
Residential Street Address 85 Dohm Ave		City Guilford		State CT	Zip Code 06437-2122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/30/2026	Aggregate Contributions \$90.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hughes		First Josh		MI	Contribution ID # 0986
Residential Street Address 34 Lexington Rd		City West Hartford		State CT	Zip Code 06119-1747
Principal Occupation Lobbyist		Name of Employer Capitol Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Riefberg		First Lawrence		MI	Contribution ID # 1004
Residential Street Address 6 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation Managing Member, Lawyer		Name of Employer Law Offices of Lawrence M. Riefberg			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$168.00	\$150.00

Last Name Merlim		First Silvia		MI H	Contribution ID # 1012
Residential Street Address 34 Austin St # B		City Danbury		State CT	Zip Code 06810-3748
Principal Occupation Educator- Paralegal		Name of Employer 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		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Micca		First Olivia		MI K	Contribution ID # 1013
Residential Street Address 4 Glen Rd		City New Fairfield		State CT	Zip Code 06812-2607
Principal Occupation Health policy program manager		Name of Employer Yale			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Keitt		First Sarah		MI K	Contribution ID # 1014
Residential Street Address 538 Winnepoige Dr		City Fairfield		State CT	Zip Code 06825-2566
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$220.00	\$60.00

Last Name Sexton		First Alice		MI M	Contribution ID # 0988
Residential Street Address 45 Hardin Ln		City Glastonbury		State CT	Zip Code 06033-2905
Principal Occupation Attorney		Name of Employer State of Conn. DOT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Ntem-Mensah		First Kwasi		MI A	Contribution ID # 0993
Residential Street Address 27 Sage Dr		City Manchester		State CT	Zip Code 06042-2241
Principal Occupation Social Worker		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$85.00	\$50.00

Last Name Bielizna		First Joan		MI G	Contribution ID # 0994
Residential Street Address 179 Kohanza St		City Danbury		State CT	Zip Code 06811-4532
Principal Occupation Registrar of Voters		Name of Employer City of Danbury			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gene F.		First Eriquez		MI F	Contribution ID # 0995
Residential Street Address 78 Starrs Plain Rd		City Danbury		State CT	Zip Code 06810-8335
Principal Occupation Head of Operations		Name of Employer Pony Express Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Kohn		First James		MI	Contribution ID # 0970
Residential Street Address 172 Whitfield St		City Guilford		State CT	Zip Code 06437-3480
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$500.00	\$250.00

Last Name Larson		First Nancy		MI	Contribution ID # 0957
Residential Street Address 33 Gorman Pl		City East Hartford		State CT	Zip Code 06108-1450
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Britton		First Luisa		MI M	Contribution ID # 0913
Residential Street Address 14 Fairfield Ave		City Danbury		State CT	Zip Code 06810-8136
Principal Occupation Office Manager		Name of Employer Collins Hannafin			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Arconti		First David		MI A	Contribution ID # 0905
Residential Street Address 4 Murphys Ln		City Brookfield		State CT	Zip Code 06804-3022
Principal Occupation Commissioner		Name of Employer 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	
Is this contribution associated with an 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	\$100.00

Last Name Lopez		First Erin		MI E	Contribution ID # 0931
Residential Street Address 77 Patricia Cir		City Fairfield		State CT	Zip Code 06825-1186
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Rizzo		First Helen		MI MA	Contribution ID # 0875
Residential Street Address 846 Massachusetts Ave Apt 4A		City Arlington		State MA	Zip Code 02476-4737
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$451.00	\$251.00

Last Name Kades		First Jeanne		MI CT	Contribution ID # 0873
Residential Street Address 34 George St		City Guilford		State CT	Zip Code 06437-2015
Principal Occupation none		Name of Employer none			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$90.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Amore		First Maryann		MI	Contribution ID # 0866
Residential Street Address 23 Pompano Ave		City Branford		State CT	Zip Code 06405-3411
Principal Occupation Office Manager		Name of Employer Physical Fitness LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Quinn		First Joe		MI	Contribution ID # 1035
Residential Street Address 22 Howland Rd		City West Hartford		State CT	Zip Code 06107-3113
Principal Occupation Attorney		Name of Employer State of CT, OLM, Senate Democrats			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Swyden		First Monica		MI C	Contribution ID # 1038
Residential Street Address 10 Vicki Ln		City Colchester		State CT	Zip Code 06415-1041
Principal Occupation Teacher		Name of Employer Norwich Free Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Merrill		First Denise		MI	Contribution ID # 1050
Residential Street Address 222 Separatist Rd		City Storrs		State CT	Zip Code 06268-1918
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$330.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Starbird		First Kevin		MI M	Contribution ID # 1026
Residential Street Address 34 Lynwood Dr		City Wolcott		State CT	Zip Code 06716-2808
Principal Occupation Fire Fighter		Name of Employer City of Middletown			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Wicks		First Barbara		MI 	Contribution ID # 1023
Residential Street Address 199 Long Ridge Rd		City Danbury		State CT	Zip Code 06810-8463
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Blumenthal		First Matthew		MI S	Contribution ID # 1018
Residential Street Address 25 Oakdale Rd		City Stamford		State CT	Zip Code 06906-1414
Principal Occupation Attorney		Name of Employer Koskoff Koskoff & Bieder PC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$30.00

Last Name Moore		First Brandon		MI 	Contribution ID # 1070
Residential Street Address 17 Plumtrees Rd		City Newtown		State CT	Zip Code 06470-1729
Principal Occupation Director		Name of Employer Leadership Now Project			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Flanagan		First Michael		MI	Contribution ID # 1081
Residential Street Address 35 Jefferson Ave		City Danbury		State CT	Zip Code 06810-7913
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Robinson		First Holly		MI	Contribution ID # 1082
Residential Street Address 4 Circle Dr E		City Danbury		State CT	Zip Code 06811-4975
Principal Occupation Lawyer		Name of Employer Northwell Health			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Spain Reichl		First Mia		MI	Contribution ID # 1083
Residential Street Address 102 King St		City Danbury		State CT	Zip Code 06811-2731
Principal Occupation Florist		Name of Employer Bedford Village Flower			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Calabrese		First Gina		MI	Contribution ID # 1075
Residential Street Address 300 Seaside Ave Apt 4A		City Stamford		State CT	Zip Code 06902-5410
Principal Occupation Clinical Law Professor		Name of Employer St. John's University			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Alves		First Robyn		MI	Contribution ID # 1078
Residential Street Address 7 W Redding Rd		City Danbury		State CT	Zip Code 06810-8346
Principal Occupation Accountant		Name of Employer Ampion			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Britton		First Scott		MI	Contribution ID # 1079
Residential Street Address 14 Fairfield Ave		City Danbury		State CT	Zip Code 06810-8136
Principal Occupation Highway Department		Name of Employer Town of Redding			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name McClanahan		First Rebecca		MI	Contribution ID # 1108
Residential Street Address 42 Robin Ct		City Middletown		State CT	Zip Code 06457-6247
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bui		First Christopher		MI	Contribution ID # 1113
Residential Street Address 70 Steep Rd		City South Windsor		State CT	Zip Code 06074-1340
Principal Occupation Qrc		Name of Employer Pratt and whitney			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Jamilkowski		First Jeremy		MI	Contribution ID # 1102
Residential Street Address 408 Fort Hale Rd		City New Haven		State CT	Zip Code 06512-3663
Principal Occupation Architect		Name of Employer Amenta Emma Architects			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Antosca		First Elaine		MI	Contribution ID # 1096
Residential Street Address 44 Lawncrest Rd		City West Haven		State CT	Zip Code 06516-4815
Principal Occupation Vitals clerk		Name of Employer City of west haven			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Maloney		First Anna		MI	Contribution ID # 1174
Residential Street Address 15 Wooster Heights Rd		City Danbury		State CT	Zip Code 06810
Principal Occupation HR Manager & Interim Head Start Director		Name of Employer Connecticut Institute For Communities, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$30.00	\$30.00

Last Name MacCarry		First Debbie		MI	Contribution ID # 1175
Residential Street Address 4 Jackson Dr		City Danbury		State CT	Zip Code 06811-3912
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Carlino		First Diana		MI	Contribution ID # 1176
Residential Street Address 23 Huckleberry Rd		City Redding		State CT	Zip Code 06896-2422
Principal Occupation Attorney		Name of Employer Newfield, Biondo & Carlino LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Turk		First Daniel		MI	Contribution ID # 1177
Residential Street Address 7 Tarrywile Lake Rd		City Danbury		State CT	Zip Code 06810-7924
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Rosa		First Eliana		MI	Contribution ID # 1178
Residential Street Address 11 A King St		City Danbury		State CT	Zip Code 06811-3517
Principal Occupation Sales		Name of Employer Trombetta insurance group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Hawley		First Ryan		MI W	Contribution ID # 1179
Residential Street Address 18 Brighton St		City Danbury		State CT	Zip Code 06811-3104
Principal Occupation Project Management		Name of Employer Prudential			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name O'Brien		First Taylor		MI	Contribution ID # 1180
Residential Street Address 12 Summer Pasture Ln		City Brookfield		State CT	Zip Code 06804-2064
Principal Occupation Chief of Staff		Name of Employer City of Danbury			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Nova		First Jason		MI	Contribution ID # 1181
Residential Street Address 1 Kennedy Ave		City Danbury		State CT	Zip Code 06810-5890
Principal Occupation City of Danbury		Name of Employer Communciations			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Riefberg		First Margaret		MI	Contribution ID # 1182
Residential Street Address 6 Ervie Dr		City Danbury		State CT	Zip Code 06811-3291
Principal Occupation Office Manager		Name of Employer Law Offices of Lawrence M. Riefberg			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$250.00	\$250.00

Last Name O'Loughlin		First George		MI	Contribution ID # 1183
Residential Street Address 13 Maple Ridge Rd		City Danbury		State CT	Zip Code 06811-4622
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Butts		First William		MI	Contribution ID # 1184
Residential Street Address 70 Route 55 W		City Sherman		State CT	Zip Code 06784-1026
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Martin		First Terra		MI L	Contribution ID # 1185
Residential Street Address 25 Smoke Hill Dr		City New Fairfield		State CT	Zip Code 06812-2654
Principal Occupation Director of Organizing		Name of Employer Child Care For CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$40.00	\$40.00

Last Name D'Imperio		First Lois		MI	Contribution ID # 1186
Residential Street Address 4 Circle Dr E		City Danbury		State CT	Zip Code 06811-4975
Principal Occupation Food service		Name of Employer Danbury public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$15.00

Last Name D'Imperio		First Lois		MI	Contribution ID # 1187
Residential Street Address 4 Circle Dr E		City Danbury		State CT	Zip Code 06811-4975
Principal Occupation Food service		Name of Employer Danbury public schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kidder		First Elizabeth		MI	Contribution ID # 1188
Residential Street Address 36 Grissom Rd		City Manchester		State CT	Zip Code 06042-2219
Principal Occupation Communications		Name of Employer Office of the State Comptroller			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Marghella		First Dr. Pietro		MI	Contribution ID # 1190
Residential Street Address 72 Old West Mountain Rd		City Ridgefield		State CT	Zip Code 06877-3027
Principal Occupation Retired Naval Officer		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Menapace		First Nicholas		MI	Contribution ID # 1191
Residential Street Address 38 Hope St		City Niantic		State CT	Zip Code 06357-2410
Principal Occupation Teacher		Name of Employer new London			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kops		First Lisa		MI	Contribution ID # 1192
Residential Street Address 162 Sconset Ln		City Guilford		State CT	Zip Code 06437-4802
Principal Occupation Registrar of Voters		Name of Employer Town of Guilford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kramar		First Marilynn		MI	Contribution ID # 1193
Residential Street Address 418 S Hoop Pole Rd		City Guilford		State CT	Zip Code 06437-1222
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$150.00	\$150.00

Last Name McAllister		First Thomas		MI W	Contribution ID # 1207
Residential Street Address 6 South St Apt 5		City Danbury		State CT	Zip Code 06810-8172
Principal Occupation Firefighter		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Chianese		First Benjamin		MI	Contribution ID # 1208
Residential Street Address 5 Briar Ridge Rd		City Danbury		State CT	Zip Code 06810-7240
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Losee		First Jeffrey		MI	Contribution ID # 1209
Residential Street Address 41 South St		City Danbury		State CT	Zip Code 06810-8154
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Losee		First Brian		MI	Contribution ID # 1210
Residential Street Address 51 Main St		City Danbury		State CT	Zip Code 06810-8087
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$70.00	\$70.00

Last Name Khoury		First Elias		MI	Contribution ID # 1211
Residential Street Address 39 Stadley Rough Rd		City Danbury		State CT	Zip Code 06811-4008
Principal Occupation Maintainer		Name of Employer CT DOT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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	\$100.00

Last Name Trudel		First Jean-Paul		MI	Contribution ID # 1212
Residential Street Address 3 McDermott St Apt 1		City Danbury		State CT	Zip Code 06810-6710
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Brady		First Robert		MI	Contribution ID # 1118
Residential Street Address 16 Terrace Ave		City Riverside		State CT	Zip Code 06878-2124
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Meyers	First Judith	MI	Contribution ID # 1194
Residential Street Address 18 Fair St	City Guilford	State CT	Zip Code 06437-2649
Principal Occupation Consultant	Name of Employer Meyers Philanthropy Advisors		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an 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 \$100.00
		Amount of Contribution \$100.00	

Last Name Prygoda	First Len	MI	Contribution ID # 1195
Residential Street Address 1004 Boston Post Rd	City Guilford	State CT	Zip Code 06437-2607
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	
Is this contribution associated with an 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 \$128.00
		Amount of Contribution \$109.00	

Last Name Olson	First Carol	MI B	Contribution ID # 1025
Residential Street Address 5 Wagon Rd	City Bethel	State CT	Zip Code 06801-2915
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	
Is this contribution associated with an 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 \$60.00
		Amount of Contribution \$60.00	

Last Name Olson	First David	MI R	Contribution ID # 0938
Residential Street Address 5 Wagon Rd	City Bethel	State CT	Zip Code 06801-2915
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	
Is this contribution associated with an 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 \$120.00
		Amount of Contribution \$60.00	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Brechlin		First Christopher		MI	Contribution ID # 1116
Residential Street Address 27 Somerset St		City Wethersfield		State CT	Zip Code 06109-3030
Principal Occupation Data Director		Name of Employer COMPASS Youth Collaborative			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Federici		First Carolyn		MI	Contribution ID # 1056
Residential Street Address 55 Church St		City Guilford		State CT	Zip Code 06437-2604
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$95.00	\$30.00

Last Name Kramer		First Kyle		MI	Contribution ID # 1059
Residential Street Address 8 Fox Ridge Dr		City Malvern		State PA	Zip Code 19355-2876
Principal Occupation Healthcare Executive		Name of Employer Pinnacle Healthcare Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$350.00	\$100.00

Last Name Byrne		First Emily		MI	Contribution ID # 0987
Residential Street Address 275 Winchester Ave		City New Haven		State CT	Zip Code 06511-1987
Principal Occupation Executive Director		Name of Employer Connecticut Voices for Children			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Griffin	First Nicole	MI	Contribution ID # 0981
Residential Street Address 325 Tucker Hill Rd	City Middlebury	State CT	Zip Code 06762-2430
Principal Occupation Powers, Griffin & Hill, LLC	Name of Employer Lobbyist		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 06/04/2026	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name salerno	First stephen	MI	Contribution ID # 1196
Residential Street Address 40 Stony Creek Rd	City Plantsville	State CT	Zip Code 06479-2052
Principal Occupation Police Officer	Name of Employer 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 06/04/2026	Aggregate Contributions \$150.00
			Amount of Contribution \$150.00

Last Name Joseff	First Jessica	MI	Contribution ID # 1213
Residential Street Address 129 Green Hill Rd	City Madison	State CT	Zip Code 06443-2104
Principal Occupation Mental health professional	Name of Employer Jessica Joseff LMFT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 06/08/2026	Aggregate Contributions \$30.00
			Amount of Contribution \$30.00

Last Name Burke	First Maureen	MI	Contribution ID # 1214
Residential Street Address 230 Copse Rd	City Madison	State CT	Zip Code 06443-2324
Principal Occupation NA	Name of Employer Homemaker		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card	Date Received 06/08/2026	Aggregate Contributions \$60.00
			Amount of Contribution \$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Walker		First Joan		MI M	Contribution ID # 0877
Residential Street Address 39 Stepping Stone Ln		City Madison		State CT	Zip Code 06443-1763
Principal Occupation Treasurer		Name of Employer UNAPEN, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$500.00	\$250.00

Last Name Walker		First Joan		MI M	Contribution ID # 0878
Residential Street Address 39 Stepping Stone Ln		City Madison		State CT	Zip Code 06443-1763
Principal Occupation Treasurer		Name of Employer UNAPEN, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$500.00	\$250.00

Last Name Sweeney		First Liam		MI B	Contribution ID # 0906
Residential Street Address 29 Penn Dr		City West Hartford		State CT	Zip Code 06119-1153
Principal Occupation Lobbyist		Name of Employer Penn Lincoln Strategies			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Joseff		First Jes		MI	Contribution ID # 1105
Residential Street Address 129 Green Hill Rd		City Madison		State CT	Zip Code 06443-2104
Principal Occupation Licensed mental health professional		Name of Employer Jessica Joseff LMFT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Davis		First Clo		MI	Contribution ID # 1216
Residential Street Address 110 Overshore Dr E		City Madison		State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Hollander		First Ross		MI	Contribution ID # 1217
Residential Street Address 7 Kensington Park		City Bloomfield		State CT	Zip Code 06002-2146
Principal Occupation CEO		Name of Employer Hartford Distributors, Inc.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Bunnell		First Charles		MI	Contribution ID # 1218
Residential Street Address 204 Niantic River Rd		City Waterford		State CT	Zip Code 06385-1536
Principal Occupation Chief of staff		Name of Employer Mohegan Tribe			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Giannaros		First Demetrios		MI	Contribution ID # 1219
Residential Street Address 56 Basswood Rd		City Farmington		State CT	Zip Code 06032-1142
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name King		First Gini		MI	Contribution ID # 1220
Residential Street Address 264 State St		City Guilford		State CT	Zip Code 06437-2407
Principal Occupation Clergy		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name isaac		First martin		MI	Contribution ID # 1221
Residential Street Address 50 Skating Pond Rd		City Trumbull		State CT	Zip Code 06611-1487
Principal Occupation Investor		Name of Employer Angel investor forum			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Carozza		First Peter		MI	Contribution ID # 0929
Residential Street Address PO Box 9153		City Waterbury		State CT	Zip Code 06724-0153
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$440.00	\$240.00

Last Name Tirrell		First Lynne		MI	Contribution ID # 0865
Residential Street Address 22 Broad St		City Guilford		State CT	Zip Code 06437-2614
Principal Occupation Professor		Name of Employer University 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$160.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cahill		First Laura		MI A	Contribution ID # 0989
Residential Street Address 17 Montauk Way		City Glastonbury		State CT	Zip Code 06033-3394
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$95.00

Last Name Bhalla		First Vanita		MI D	Contribution ID # 0971
Residential Street Address 26 Parkland Dr		City Woodbury		State CT	Zip Code 06798-3637
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$340.00	\$240.00

Last Name Dellinger		First Richard		MI 	Contribution ID # 1222
Residential Street Address 45 Purdy Rd E		City Norwalk		State CT	Zip Code 06850-1526
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Burke		First Maureen		MI 	Contribution ID # 1215
Residential Street Address 230 Copse Rd		City Madison		State CT	Zip Code 06443-2324
Principal Occupation NA		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$90.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Hoey		First Cheryl		MI	Contribution ID # 0867
Residential Street Address 32 Seaview Ter		City Guilford		State CT	Zip Code 06437-3426
Principal Occupation Chief Elected Official		Name of Employer Yale. New Haven Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lasser		First Howard		MI	Contribution ID # 0916
Residential Street Address 116 Tower Rd		City Brookfield		State CT	Zip Code 06804-3653
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Spiggle		First Susan		MI	Contribution ID # 1062
Residential Street Address 35 Samuel Hill Rd		City Columbia		State CT	Zip Code 06237-1425
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$35.00	\$30.00

Last Name Bartlett		First Geoff		MI	Contribution ID # 1085
Residential Street Address 27 Seth Low Mountain Rd		City Ridgefield		State CT	Zip Code 06877-2021
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$60.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Levine		First Seth		MI CT	Contribution ID # 1089
Residential Street Address 60 Birch Pl		City Stratford		State CT	Zip Code 06614-4104
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Landa		First Keith		MI B	Contribution ID # 0965
Residential Street Address 46 Rocky Hill Rd		City New Fairfield		State CT	Zip Code 06812-2707
Principal Occupation College Administrator		Name of Employer State University of New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/14/2026	Aggregate Contributions \$110.00	\$50.00

Last Name Carnelli		First Dennis		MI CT	Contribution ID # 0889
Residential Street Address 11 E Bearhouse Hill Rd		City Guilford		State CT	Zip Code 06437-4709
Principal Occupation Attorney		Name of Employer Neubert, Pepe & Monteith, P.C.			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Smith		First Peter		MI C	Contribution ID # 0983
Residential Street Address 65 Old Field Ln		City Milford		State CT	Zip Code 06460-7219
Principal Occupation City clerk		Name of Employer City of Milford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name barro		First jen		MI	Contribution ID # 1072
Residential Street Address 18 Dunwoodie Pl		City Greenwich		State CT	Zip Code 06830-3520
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$110.00	\$50.00

Last Name McQuade		First David		MI	Contribution ID # 1223
Residential Street Address 20 Whitney Ferguson Rd Unit 13		City Vernon		State CT	Zip Code 06066-5054
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Nappo		First Jennifer		MI	Contribution ID # 1224
Residential Street Address 3 Whitney Dr		City Greenwich		State CT	Zip Code 06831-2532
Principal Occupation unemployes		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Wasserman		First SVETLANA		MI	Contribution ID # 1225
Residential Street Address 37 Day Rd		City Greenwich		State CT	Zip Code 06831-2654
Principal Occupation retired		Name of Employer Svetlana Wasserman			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cooper		First John		MI	Contribution ID # 1226
Residential Street Address 26 The Ridgeway		City Greenwich		State CT	Zip Code 06831-3712
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Starkel		First Robin		MI M	Contribution ID # 1227
Residential Street Address 171 Carter St		City Manchester		State CT	Zip Code 06040-6822
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Krippenstapel		First M. Louise		MI	Contribution ID # 0943
Residential Street Address 19 Butler Rd		City Manchester		State CT	Zip Code 06042-2810
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Smith		First Michael		MI	Contribution ID # 0996
Residential Street Address 3513 Bradley Ln		City Chevy Chase		State MD	Zip Code 20815-3259
Principal Occupation Government Relations		Name of Employer Cornerstone Government Affairs			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Boal		First Susan		MI P	Contribution ID # 0997
Residential Street Address PO Box 507		City Lakeville		State CT	Zip Code 06039-0507
Principal Occupation organic farmer		Name of Employer Green Hollow Farm LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Creighton		First Francis		MI MD	Contribution ID # 0899
Residential Street Address 4802 River Rd		City Bethesda		State MD	Zip Code 20816-3036
Principal Occupation Executive		Name of Employer WSWA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Paro		First Roberta		MI CT	Contribution ID # 1087
Residential Street Address 246 Yantic St # A		City Norwich		State CT	Zip Code 06360-4130
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Tartell		First Karen		MI CT	Contribution ID # 1228
Residential Street Address 116 Washington Post Dr		City Wilton		State CT	Zip Code 06897-4633
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Sherman		First Ruth		MI	Contribution ID # 1230
Residential Street Address 88 S Water St Unit 103		City Greenwich		State CT	Zip Code 06830-1063
Principal Occupation Consultant		Name of Employer Ruth Sherman Associates, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$150.00	\$150.00

Last Name Procaccini		First Erika		MI	Contribution ID # 1086
Residential Street Address 67 Edgerton St		City Darien		State CT	Zip Code 06820-4124
Principal Occupation Marriage & Family Therapist		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Erickson		First Laura		MI B	Contribution ID # 1022
Residential Street Address 67 Club Rd		City Riverside		State CT	Zip Code 06878-2003
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Drew		First Jill		MI S	Contribution ID # 0885
Residential Street Address 10 Dakin Rd		City Sharon		State CT	Zip Code 06069-2036
Principal Occupation Manager		Name of Employer Drew Associates			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$210.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Marchi		First Jason		MI	Contribution ID # 0893
Residential Street Address 29 Horseshoe Rd		City Guilford		State CT	Zip Code 06437-2961
Principal Occupation Facilities Technician		Name of Employer Ascend Bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Balestracci		First Kathleen		MI	Contribution ID # 0870
Residential Street Address 421 Willow Rd		City Guilford		State CT	Zip Code 06437-1777
Principal Occupation Research Faculty		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$300.00	\$200.00

Last Name Widlitz		First Patricia		MI M	Contribution ID # 0907
Residential Street Address 12 Island Bay Cir		City Guilford		State CT	Zip Code 06437-3058
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$340.00	\$90.00

Last Name Sommer		First Howard		MI	Contribution ID # 0968
Residential Street Address 20 Christopher Ln		City Guilford		State CT	Zip Code 06437-1585
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Oberlander		First Jill		MI	Contribution ID # 1037
Residential Street Address 19 Bush Ave		City Greenwich		State CT	Zip Code 06830-7070
Principal Occupation Attorney		Name of Employer New City Parks			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Sklarz		First Mark		MI	Contribution ID # 1231
Residential Street Address 124		City Milford		State CT	Zip Code 06460
Principal Occupation Attorney		Name of Employer Mark Sklarz			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Lilien		First Lindy		MI	Contribution ID # 1233
Residential Street Address 38 Jones Park Dr		City Riverside		State CT	Zip Code 06878-2205
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Smith		First Maureen		MI	Contribution ID # 1234
Residential Street Address 20 Ann St		City Old Greenwich		State CT	Zip Code 06870-2326
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Goodridge		First James		MI	Contribution ID # 1235
Residential Street Address 1 Decaro Ln		City Guilford		State CT	Zip Code 06437-2538
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Dattola		First Rita		MI	Contribution ID # 1236
Residential Street Address 356 Saw Mill Rd		City Guilford		State CT	Zip Code 06437-1959
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sizemore		First Walt		MI	Contribution ID # 1237
Residential Street Address 25 High Meadow Rd		City Guilford		State CT	Zip Code 06437-2009
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sperry		First Tim		MI	Contribution ID # 1238
Residential Street Address 22 Broad St		City Guilford		State CT	Zip Code 06437-2614
Principal Occupation Consultant		Name of Employer The Tim Sperry Group			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$160.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name COLBURN		First PETER		MI	Contribution ID # 1239
Residential Street Address 57 Meadow Hills Dr		City Guilford		State CT	Zip Code 06437-1250
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/26/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Tabner		First Kathryn		MI	Contribution ID # 1240
Residential Street Address 30 Winding Ln		City Greenwich		State CT	Zip Code 06831-3733
Principal Occupation Attorney - retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Rose		First Margaret		MI	Contribution ID # 1241
Residential Street Address 869 Maple Hill Rd		City Guilford		State CT	Zip Code 06437-5007
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Leonard		First Joan		MI A	Contribution ID # 1027
Residential Street Address 178 Durham Rd		City Guilford		State CT	Zip Code 06437-2060
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$170.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Wallace		First Veronica		MI C	Contribution ID # 0869
Residential Street Address 386 N River St		City Guilford		State CT	Zip Code 06437-2428
Principal Occupation Facilities Supervisor		Name of Employer Withers			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$185.00	\$100.00

Last Name Prins		First John		MI CT	Contribution ID # 0874
Residential Street Address 63 Parish Farm Rd		City Branford		State CT	Zip Code 06405-6026
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$40.00	\$20.00

Last Name Aron		First Andrea		MI L	Contribution ID # 0914
Residential Street Address 27 Scenic Rd		City Madison		State CT	Zip Code 06443-1738
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$170.00	\$50.00

Last Name Kessler		First Penny		MI CT	Contribution ID # 0934
Residential Street Address 22 Spring Hill Ln		City Bethel		State CT	Zip Code 06801-2726
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Greenspan		First Carolyn		MI	Contribution ID # 0999
Residential Street Address 10 N Branford Rd		City Wallingford		State CT	Zip Code 06492-2712
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Ruben		First Marshall		MI	Contribution ID # 1000
Residential Street Address 10 N Branford Rd		City Wallingford		State CT	Zip Code 06492-2712
Principal Occupation Executive		Name of Employer HHH Properties			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Keitt		First Sarah		MI K	Contribution ID # 1015
Residential Street Address 538 Winnepogee Dr		City Fairfield		State CT	Zip Code 06825-2566
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$190.00	\$30.00

Last Name Lenz		First Kenneth		MI	Contribution ID # 1005
Residential Street Address 382 Ridge Rd		City Orange		State CT	Zip Code 06477-2826
Principal Occupation Attorney		Name of Employer Self-employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$25.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Andrews		First Sharron		MI	Contribution ID # 0985
Residential Street Address 85 Dohm Ave		City Guilford		State CT	Zip Code 06437-2122
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$80.00	\$20.00

Last Name Horne		First William		MI	Contribution ID # 0975
Residential Street Address 246 Pleasant Point Rd		City Branford		State CT	Zip Code 06405-5610
Principal Occupation Retired		Name of Employer None-retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$125.00	\$25.00

Last Name Wells		First Galen		MI W	Contribution ID # 1036
Residential Street Address 224 W Norwalk Rd		City Norwalk		State CT	Zip Code 06850-4316
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$280.00	\$60.00

Last Name Boritz		First Richard		MI L	Contribution ID # 1033
Residential Street Address 401 A Heritage Vlg # 9		City Southbury		State CT	Zip Code 06488-5708
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Paro		First Roberta		MI	Contribution ID # 1088
Residential Street Address 246 Yantic St # A		City Norwich		State CT	Zip Code 06360-4130
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$20.00	\$10.00

Last Name Werner		First Elaine		MI	Contribution ID # 1115
Residential Street Address 48 Mallard Dr		City Avon		State CT	Zip Code 06001-4544
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$30.00	\$10.00

Last Name Weisberg		First Anne		MI	Contribution ID # 1161
Residential Street Address 3 Upland Pastures Rd		City Sherman		State CT	Zip Code 06784-1438
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$450.00	\$250.00

Last Name Miller		First Patricia		MI B	Contribution ID # 1242
Residential Street Address 95 Liberty St Apt A4		City Stamford		State CT	Zip Code 06902-4732
Principal Occupation Connecticut General Assembly		Name of Employer State Senator			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Buckley		First Susie		MI	Contribution ID # 1243
Residential Street Address 17 Dogwood Dr		City Ridgefield		State CT	Zip Code 06877-2707
Principal Occupation Homemaker		Name of Employer Homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Brannelly		First John		MI	Contribution ID # 1244
Residential Street Address 1475 Burr St		City Fairfield		State CT	Zip Code 06824-1861
Principal Occupation Executive Director		Name of Employer Fairfield County Medical Association			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ivanko		First David		MI	Contribution ID # 1245
Residential Street Address 1475 Burr St		City Fairfield		State CT	Zip Code 06824-1861
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dyer-Doherty		First Jillian		MI	Contribution ID # 1246
Residential Street Address 49 Hop Brook Rd		City Brookfield		State CT	Zip Code 06804-1308
Principal Occupation Facilities director		Name of Employer Brookfield Craft Center			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/28/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Prabhu		First Sumati		MI	Contribution ID # 1247
Residential Street Address 125 Peckslan Rd		City Greenwich		State CT	Zip Code 06831-3651
Principal Occupation Unemployed		Name of Employer Unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Ferraro		First Pamela		MI	Contribution ID # 1248
Residential Street Address 43 Angelus Dr		City Greenwich		State CT	Zip Code 06831-3634
Principal Occupation fundraising professional		Name of Employer Greenwich Academy			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Pugliese		First Matt		MI	Contribution ID # 1249
Residential Street Address 224 Ingham Hill Rd		City Old Saybrook		State CT	Zip Code 06475-1170
Principal Occupation Deputy Commissioner		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

Last Name McMahon		First Patricia		MI	Contribution ID # 1250
Residential Street Address 906 Beaumont Hwy		City Lebanon		State CT	Zip Code 06249-1205
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Breault		First Lynda		MI	Contribution ID # 1251
Residential Street Address 343 Lebanon Ave		City Colchester		State CT	Zip Code 06415-2175
Principal Occupation Retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Kidder		First Elizabeth		MI	Contribution ID # 1189
Residential Street Address 36 Grissom Rd		City Manchester		State CT	Zip Code 06042-2219
Principal Occupation Communications		Name of Employer Office of the State Comptroller			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$90.00	\$30.00

Last Name Boardman		First Michael		MI	Contribution ID # 1117
Residential Street Address 30 Winding Ln		City Greenwich		State CT	Zip Code 06831-3733
Principal Occupation Self Employed		Name of Employer Self Employed as a strategy consultant			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Collins		First Paul		MI	Contribution ID # 1120
Residential Street Address 12 Dresden Ct E		City Goshen		State CT	Zip Code 06756-2129
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$120.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Chesmer		First Lisa		MI	Contribution ID # 1063
Residential Street Address 137 Bogg Ln		City Lebanon		State CT	Zip Code 06249-1206
Principal Occupation Manager		Name of Employer The Hoot			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$40.00	\$30.00

Last Name Tillier		First Martin		MI	Contribution ID # 1060
Residential Street Address 2 Sunset Ridge Dr		City Guilford		State CT	Zip Code 06437-5036
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$130.00	\$30.00

Last Name Federici		First Carolyn		MI	Contribution ID # 1057
Residential Street Address 55 Church St		City Guilford		State CT	Zip Code 06437-2604
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$115.00	\$50.00

Last Name Ruoff		First Sandy		MI J	Contribution ID # 1045
Residential Street Address 1066 Little Meadow Rd		City Guilford		State CT	Zip Code 06437-1682
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$35.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Landa		First Keith		MI B	Contribution ID # 0966
Residential Street Address 46 Rocky Hill Rd		City New Fairfield		State CT	Zip Code 06812-2707
Principal Occupation College Administrator		Name of Employer State University of New York			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$140.00	\$30.00

Last Name Surgeon		First Shirley		MI A	Contribution ID # 0923
Residential Street Address 160 Adams St		City Hartford		State CT	Zip Code 06112-1802
Principal Occupation retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name McKinley		First Patricia		MI A	Contribution ID # 0912
Residential Street Address 100 Lanyon Dr		City Cheshire		State CT	Zip Code 06410-3126
Principal Occupation Strategic Volunteer to Non-Profit organizations		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$150.00	\$50.00

Last Name Hughes		First Anne		MI M	Contribution ID # 0887
Residential Street Address 67 North St		City Easton		State CT	Zip Code 06612-1065
Principal Occupation Legislator		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$80.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Greenfield		First Jeffrey		MI	Contribution ID # 0890
Residential Street Address 11 S Main St Apt 11		City West Hartford		State CT	Zip Code 06107-2407
Principal Occupation Retired/part time legislative staff		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Beckett		First Kim		MI	Contribution ID # 0872
Residential Street Address 28513 Westmeath Ct		City Bonita Springs		State FL	Zip Code 34135-8550
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Hoey		First Matthew		MI T	Contribution ID # 0868
Residential Street Address 32 Seaview Ter		City Guilford		State CT	Zip Code 06437-3426
Principal Occupation Elected Official		Name of Employer Town of Guilford CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$240.00

Last Name Dunne		First Cynthia		MI J	Contribution ID # 0882
Residential Street Address 133 Bates Ave		City Putnam		State CT	Zip Code 06260-1306
Principal Occupation Zoning Enforcement Officer		Name of Employer town of thompson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Fallon		First Michael		MI P	Contribution ID # 0920
Residential Street Address 28 Prospect St		City Middletown		State CT	Zip Code 06457-2622
Principal Occupation Outreach Director		Name of Employer U.S. Senate			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$30.00

Last Name Wyatt		First Michele		MI A	Contribution ID # 0960
Residential Street Address 14 Beech Pl		City Colchester		State CT	Zip Code 06415-1710
Principal Occupation Tax Collector		Name of Employer Town Of Colchester			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Holmes		First Leslie		MI	Contribution ID # 0956
Residential Street Address 25 Merwin Ln		City Wilton		State CT	Zip Code 06897-2504
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Lerner		First Douglas		MI	Contribution ID # 0982
Residential Street Address 357 Washington St		City Tappan		State NY	Zip Code 10983-2616
Principal Occupation Consultant		Name of Employer TJ Russo Consultants			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Gerratana		First Terry		MI B	Contribution ID # 1002
Residential Street Address 11 Dorset Ln		City Farmington		State CT	Zip Code 06032-2330
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$160.00	\$60.00

Last Name Templeton		First Vivian		MI CT	Contribution ID # 1049
Residential Street Address 1008 Bullet Hill Rd		City Southbury		State CT	Zip Code 06488-2669
Principal Occupation Farmer		Name of Employer Aradia Farm LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$130.00	\$50.00

Last Name DiLaura		First Arnold		MI CT	Contribution ID # 1040
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$105.00	\$5.00

Last Name Weber		First Mary		MI T	Contribution ID # 1019
Residential Street Address 5 Slaughter House Rd		City New Preston		State CT	Zip Code 06777-1816
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Baker		First Joseph		MI R	Contribution ID # 1020
Residential Street Address 14 Maplewood Dr		City New Milford		State CT	Zip Code 06776-3827
Principal Occupation None		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$55.00	\$25.00

Last Name Moriarty		First Leslie		MI B	Contribution ID # 1021
Residential Street Address 150 Parsonage Rd		City Greenwich		State CT	Zip Code 06830-3943
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Ladd		First C Marston		MI	Contribution ID # 1061
Residential Street Address 5 Cricket Ct		City Old Saybrook		State CT	Zip Code 06475-2405
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Henderson		First Gordon Wayne		MI	Contribution ID # 1076
Residential Street Address 4 Mayflower Ave		City Stamford		State CT	Zip Code 06906-1916
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$15.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name DiLaura		First Jennifer		MI	Contribution ID # 1123
Residential Street Address 99 Barry Ave		City Ridgefield		State CT	Zip Code 06877-4311
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Nugent		First Barli		MI	Contribution ID # 1125
Residential Street Address 160 Rivergate Dr		City Wilton		State CT	Zip Code 06897-3611
Principal Occupation Performing Arts Administration		Name of Employer The Juilliard School			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Reich		First Matthew		MI	Contribution ID # 1092
Residential Street Address 173 Butternut St # 1		City Middletown		State CT	Zip Code 06457-3000
Principal Occupation District Scheduler and Outreach Liaison		Name of Employer U.S. House of Representatives			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Chisem		First Carl		MI	Contribution ID # 1107
Residential Street Address 1092 Ridgewood Rd		City Middletown		State CT	Zip Code 06457-1729
Principal Occupation Labor President		Name of Employer Ct Employees Union Independent			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Couture		First Eric		MI	Contribution ID # 1104
Residential Street Address 270 N Parker Hill Rd		City Killingworth		State CT	Zip Code 06419-1165
Principal Occupation Politician		Name of Employer Town of Killingworth			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Hancock		First Gregory		MI	Contribution ID # 1252
Residential Street Address 29 Gravel St		City Meriden		State CT	Zip Code 06450-4607
Principal Occupation Pharmacist		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name A Lupo		First Jennine		MI	Contribution ID # 1253
Residential Street Address 109 E Chestnut Hill Road Litchfield Ct		City Litchfield		State CT	Zip Code 06759
Principal Occupation Director		Name of Employer USHOR			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Alcorn		First Elizabeth		MI	Contribution ID # 1254
Residential Street Address 213 Leetes Island Rd		City Branford		State CT	Zip Code 06405-3372
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Paulson		First Lorie		MI	Contribution ID # 1255
Residential Street Address 6 Turtleback Rd		City Wilton		State CT	Zip Code 06897-1223
Principal Occupation Psychologist		Name of Employer Lorie Paulson			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$75.00	\$75.00

Last Name Bartlett		First Geoffrey		MI	Contribution ID # 1256
Residential Street Address 27 Seth Low Mountain Rd		City Ridgefield		State CT	Zip Code 06877-2021
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$30.00	\$30.00

Last Name Frisch		First Patricia		MI	Contribution ID # 1257
Residential Street Address 166 Ridgefield Rd		City Wilton		State CT	Zip Code 06897-2429
Principal Occupation Attorney		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Fanwick		First Eric		MI	Contribution ID # 1258
Residential Street Address 270 Westport Rd		City Wilton		State CT	Zip Code 06897-4723
Principal Occupation Programmer		Name of Employer Charter communications			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name McKinnis		First David		MI	Contribution ID # 1259
Residential Street Address 301 Sasco Hill Rd Fairfield Ct # 6824		City Fairfield		State CT	Zip Code 06824
Principal Occupation Software Engineering consultant		Name of Employer David McKinnis Consulting, LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$340.00	\$340.00

Last Name Stargardter		First Katherine		MI	Contribution ID # 1260
Residential Street Address 8 Lisa Ln		City Tolland		State CT	Zip Code 06084-3536
Principal Occupation Legislative affairs		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Duchesneau		First Wilfred		MI	Contribution ID # 1261
Residential Street Address 200 West Rd Apt 88		City Ellington		State CT	Zip Code 06029-3757
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Sklarz		First Mark		MI	Contribution ID # 1232
Residential Street Address 124		City Milford		State CT	Zip Code 06460
Principal Occupation Attorney		Name of Employer Mark Sklarz			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$130.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Tartell		First Karen		MI	Contribution ID # 1229
Residential Street Address 116 Washington Post Dr		City Wilton		State CT	Zip Code 06897-4633
Principal Occupation Retired		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$130.00	\$100.00

Last Name McQueeney		First Kerry		MI	Contribution ID # 1144
Residential Street Address 42 Sumac St		City West Haven		State CT	Zip Code 06516-5759
Principal Occupation Teacher		Name of Employer West Haven Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$70.00	\$20.00

Total of Section B					\$29,945.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$29,945.00

I. MONETARY RECEIPTS (Section A-I)

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

C1. Contributions from Other Committees

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

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Scanlon 2026				July 10 Filing - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Scanlon 2026				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

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

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

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

I. Monetary Receipts (Section A-I)

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

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Scanlon 2026	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	
Scanlon 2026				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Scanlon 2026				July 10 Filing - Original	
J1. Event Information					
Event # Date of Event	Letter	Description			Was this a fundraising event? Yes No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
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	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Scanlon 2026

July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

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

Scanlon 2026

July 10 Filing - Original

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

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Scanlon 2026

July 10 Filing - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Scanlon 2026

July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$306.59
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 Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$310.19
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 Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$310.55
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$313.25
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 Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$314.69
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 Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$326.39
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$331.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$43.63
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 Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting & Texting Setup			Amount \$44.62
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Reimbursement of Facebook Ads			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Blue Edge Strategies		Date of Payment 04/01/2026	Method of Payment ☒ Check # <u>100003</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description April Consulting			Amount \$5,000.00
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 #	

Name of Payee NGP/VAN		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington	State DC	Zip Code 20005-5738
Purpose of Expendit OVHD	Description NGP Fees April			Amount \$2,018.99
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee MSU Print LLC		Date of Payment 04/23/2026	Method of Payment ☒ Check # <u>100006</u> ☐ Debit Card ☐ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051-2903
Purpose of Expendit POST	Description Printing and Mailing of Letters			Amount \$852.43
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 Connecticut Democratic Party		Date of Payment 04/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 750 Main St Ste 1108-3		City Hartford	State CT	Zip Code 06103-2702
Purpose of Expendit OVHD	Description Convention Fees			Amount \$3,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Barker Advertising Specialty		Date of Payment 04/28/2026	Method of Payment ☒ Check # <u>100005</u> ☐ Debit Card ☐ EFT	
Street Address 27 Realty Dr		City Cheshire	State CT	Zip Code 06410-1656
Purpose of Expendit PRNT	Description Signs and Stickers			Amount \$1,254.94
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee NGP/VAN		Date of Payment 04/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington	State DC	Zip Code 20005-5738
Purpose of Expendit BNK	Description Credit Card Processing Fee			Amount \$189.82
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 NGP/VAN		Date of Payment 05/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington	State DC	Zip Code 20005-5738
Purpose of Expendit OVHD	Description NGP Fees May			Amount \$2,018.99
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 Murphy and Co CPA		Date of Payment 05/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 21 Business Park Dr		City Branford	State CT	Zip Code 06405-2935
Purpose of Expendit OVHD	Description Accounting			Amount \$670.00
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 05/04/2026	Method of Payment ☒ Check # <u>100004</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description May Consulting			Amount \$5,000.00
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 #	

Name of Payee Murphy and Co CPA		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 21 Business Park Dr		City Branford	State CT	Zip Code 06405-2935
Purpose of Expendit OVHD	Description Accounting			Amount \$715.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jersey Mike's Subs		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2941 Main St		City Glastonbury	State CT	Zip Code 06033-1094
Purpose of Expendit FOOD	Description Sandwiches for Volunteers.			Amount \$111.00
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Josh Barnes		Date of Payment 05/16/2026	Method of Payment ☒ Check # <u>100007</u> ☐ Debit Card ☐ EFT	
Street Address 1212 Main St Apt 622		City Hartford	State CT	Zip Code 06103-1278
Purpose of Expendit OFFICE	Description Speech Prints and Sign Up sheets			Amount \$10.40
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 Josh Barnes		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1212 Main St Apt 622		City Hartford	State CT	Zip Code 06103-1278
Purpose of Expendit OFFICE	Description Convention Speech print out			Amount \$2.28
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 Beverly Brakeman		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100011</u> ☐ Debit Card ☐ EFT	
Street Address 189 Newington Rd Apt 304		City West Hartford	State CT	Zip Code 06110-2366
Purpose of Expendit REF	Description Refund of Contribution - Lobbyist			Amount \$30.00
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee George Collaku		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100010</u> ☐ Debit Card ☐ EFT	
Street Address 11 Spindle Hill Rd		City Wolcott	State CT	Zip Code 06716-1721
Purpose of Expendit REF	Description Refund of Contribution - Lobbyist			Amount \$50.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Roger Joyce		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100015</u> ☐ Debit Card ☐ EFT	
Street Address 52 Pearl St		City Guilford	State CT	Zip Code 06437-2706
Purpose of Expendit REF	Description Refund of Contribution			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Kathleen Ruth McQueeney		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100008</u> ☐ Debit Card ☐ EFT	
Street Address 114 Vernon St W		City Manchester	State CT	Zip Code 06042-2210
Purpose of Expendit REF	Description Refund of Contribution - Lobbyist			Amount \$25.00
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Dihnoska Mercedes		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100009</u> ☐ Debit Card ☐ EFT	
Street Address 885 N Main St		City Waterbury	State CT	Zip Code 06704-3542
Purpose of Expendit REF	Description Refund of Contribution - Lobbyist			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 N		Expenditure # (if applicable)	Event #	\$5.00

Name of Payee Anna Racanelli		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100013</u> ☐ Debit Card ☐ EFT	
Street Address 1004 Boston Post Rd		City Guilford	State CT	Zip Code 06437-2607
Purpose of Expendit REF	Description Refund of Contribution - State Contractor			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 N		Expenditure # (if applicable)	Event #	\$14.00

Name of Payee Meghan D Scanlon		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100014</u> ☐ Debit Card ☐ EFT	
Street Address 37 Old Miller Ln		City Guilford	State CT	Zip Code 06437-1084
Purpose of Expendit REF	Description Refund of Contribution - State Contractor			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 N		Expenditure # (if applicable)	Event #	\$100.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Bill Shortell		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>100012</u> ☐ Debit Card ☐ EFT	
Street Address 947 W Main St		City New Britain	State CT	Zip Code 06053-3449
Purpose of Expendit REF	Description Refund of Contribution - Lobbyist			Amount \$30.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Staples		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1744 Dixwell Ave		City Hamden	State CT	Zip Code 06514-7727
Purpose of Expendit PRNT	Description Photocopies			Amount \$0.57
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 Staples		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1744 Dixwell Ave		City Hamden	State CT	Zip Code 06514-7727
Purpose of Expendit PRNT	Description Photocopies			Amount \$29.28
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
Scanlon 2026	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue Edge Strategies		Date of Payment 05/27/2026	Method of Payment ☒ Check # <u>100019</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description June Consulting			Amount \$5,000.00
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 #	

Name of Payee Blue Edge Strategies		Date of Payment 05/27/2026	Method of Payment ☒ Check # <u>100018</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$94.30
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stonebridge Restaurant		Date of Payment 05/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 50 Daniel St		City Milford	State CT	Zip Code 06460-3303
Purpose of Expendit FNDR *	Description Fundraiser			Amount \$579.40
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee NGP/VAN		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington		State DC
Zip Code 20005-5738				
Purpose of Expendit BNK	Description Credit Card Processing Fee			Amount \$239.11
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)	
Name of Payee NGP/VAN		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington		State DC
Zip Code 20005-5738				
Purpose of Expendit OVHD	Description NGP Fees June			Amount \$2,018.99
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)	
Name of Payee Charter Oak Brewing and Taproom		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 39 Shelter Rock Rd Ste B		City Danbury		State CT
Zip Code 06810-7198				
Purpose of Expendit FNDR *	Description Food/Beverage/Venue			Amount \$375.00
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)	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Angelo's Pizza		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 108 South St		City Danbury	State CT	Zip Code 06810-8060
Purpose of Expendit FNDR *	Description Food for event			Amount \$201.76
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 Blue Edge Strategies		Date of Payment 06/01/2026	Method of Payment ☒ Check # <u>100018</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Reimbursement of Facebook Ads			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Blue Edge Strategies		Date of Payment 06/01/2026	Method of Payment ☒ Check # <u>100018</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040-4520
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$393.98
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Blue Edge Strategies		Date of Payment 06/01/2026	Method of Payment ☒ Check # <u>100018</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester		State CT
Zip Code 06040-4520				
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$401.45
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 Blue Edge Strategies		Date of Payment 06/01/2026	Method of Payment ☒ Check # <u>100018</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester		State CT
Zip Code 06040-4520				
Purpose of Expendit CNSLT	Description Texting Setup and Texting			Amount \$97.72
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 Murphy and Co CPA		Date of Payment 06/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 21 Business Park Dr		City Branford		State CT
Zip Code 06405-2935				
Purpose of Expendit OVHD	Description Accounting			Amount \$670.00
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
Scanlon 2026	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Ascend Bank		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 61 N Main St		City Branford	State CT	Zip Code 06405-3012
Purpose of Expendit BNK	Description Bank Fees			Amount \$55.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee NGP/VAN		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 655 15th St NW Ste 650		City Washington	State DC	Zip Code 20005-5738
Purpose of Expendit BNK	Description Credit Card Processing Fee			Amount \$485.37
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Total of Section N**\$34,891.39**

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	
Scanlon 2026					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Scanlon 2026				July 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City	State	Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No If yes, assign an Expenditure # and completes Itemization in Addendum Q				Expenditure # (if applicable)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farina	First Michael	MI	Date of Payment to Vendor 06/01/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Facebook				
Street Address of Vendor 1 Meta Way		City Menlo Park	State CA	Zip Code 94025-1444
Purpose of Expenditure (by code) A-WEB	Description Digital Advertisements			
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 \$200.00
Total of Section R				\$200.00

IV. EXPENDITURES (Sectuibs N - S)

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

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

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

Section N. ADDENDUM

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

Section P. ADDENDUM

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

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

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