

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

Revised February 2015



Electronic Filing

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Page 1 of 20

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Lenky 4 NECT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Ryan		MI C	Last Cournoyer		Suffix
4. TREASURER ADDRESS					
Street Address 41 Chase Rd		City Thompson		State CT	Zip Code 06277
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R051
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First John		MI B	Last Lenky		Suffix
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 SIGNATURE		Ryan Cournoyer PRINT NAME OF THE SIGNER		07/10/2026 8:22:20PM 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	
Lenky 4 NECT	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	\$1,165.00	
14. Contributions received from Individuals (Section A and B)	\$700.00	\$1,765.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$100.00
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)	\$700.00	\$1,865.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,865.00	\$1,865.00
20. Expenses Paid by Committee (Section N)	\$1,010.00	\$1,010.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$855.00	\$855.00
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	
Lenky 4 NECT		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$200.00	
B. Itemized Contributions from Individuals			

Last Name Labonte		First Gabrielle		MI	Contribution ID # 0012
Residential Street Address 677 Hampton Rd		City Pomfret Center		State CT	Zip Code 06259
Principal Occupation Probate Judge		Name of Employer Office of the Probate Court Adm			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00
					Amount of Contribution \$100.00

Last Name Kaplan		First Michael		MI	Contribution ID # 0013
Residential Street Address 910 Riverside Dr		City North Grosvenordale		State CT	Zip Code 06255
Principal Occupation Retired		Name of Employer Self Employed			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/01/2026	Aggregate Contributions \$100.00
					Amount of Contribution \$100.00

Last Name Herbert		First Stephen		MI L	Contribution ID # 0014
Residential Street Address 122 Wilsonville Rd		City North Grosvenordale		State CT	Zip Code 06255
Principal Occupation Owner		Name of Employer SLH Enterprises Inc			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$100.00
					Amount of Contribution \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Herbert	First Kathleen	MI K	Contribution ID # 0015
Residential Street Address 122 Wilsonville Rd	City North Grosvenordale	State CT	Zip Code 06255
Principal Occupation Owner	Name of Employer SLH Enterprises 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/15/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Last Name Poplawski	First Dave	MI CT	Contribution ID # 0016
Residential Street Address 177 Porter Plain Rd	City Thompson	State CT	Zip Code 06277
Principal Occupation VP Construction	Name of Employer ITG		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which 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 04/30/2026	Aggregate Contributions \$100.00
		Amount of Contribution \$100.00	

Total of Section B			\$500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)			\$700.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	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	
City		State	Zip Code
Date Received		Aggregate Contributions	
If yes, list Event #		Amount of Contribution	

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Lenky 4 NECT				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	
Lenky 4 NECT				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
Lenky 4 NECT	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
Lenky 4 NECT	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
Lenky 4 NECT	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	
Lenky 4 NECT				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	
Lenky 4 NECT				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

Lenky 4 NECT

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

Lenky 4 NECT

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

Lenky 4 NECT

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

Lenky 4 NECT

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
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Phil Lajoie		Date of Payment 05/13/2026	Method of Payment ☒ Check # <u>89</u> ☐ Debit Card ☐ EFT	
Street Address 22 Fabyan Woodstock Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #89		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)		

Name of Payee Paul Hopkins		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>90</u> ☐ Debit Card ☐ EFT	
Street Address 42 Cedar Swamp Rd		City Hampton	State CT	Zip Code 06247
Purpose of Expendit REF	Description Refund Check #90		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)		

Name of Payee Randolph C Blackmer		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>120</u> ☐ Debit Card ☐ EFT	
Street Address 441 Quinebaug Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #120		Amount \$10.00	
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
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Dianne Lenky		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>94</u> ☐ Debit Card ☐ EFT	
Street Address 304 Brickyard Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #94		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)		

Name of Payee Paul Lenky		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>95</u> ☐ Debit Card ☐ EFT	
Street Address 50 Watson Rd		City Quinebaug	State CT	Zip Code 06202
Purpose of Expendit REF	Description Refund Check #95		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)		

Name of Payee Nathaniel C Lenky		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>93</u> ☐ Debit Card ☐ EFT	
Street Address 304 Brickyard Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #93		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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Susan E Hill		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>103</u> ☐ Debit Card ☐ EFT	
Street Address 185 Fabyan Woodstock Rd		City North Grosvenordale		State CT
Zip Code 06255				
Purpose of Expendit REF	Description Refund Check #103			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 #	\$25.00

Name of Payee Alvan R Hill		Date of Payment 05/14/2026	Method of Payment ☒ Check # <u>92</u> ☐ Debit Card ☐ EFT	
Street Address 185 Fabyan Woodstock Rd		City North Grosvenordale		State CT
Zip Code 06255				
Purpose of Expendit REF	Description Refund Check #92			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 #	\$25.00

Name of Payee Rene J Morin		Date of Payment 05/15/2026	Method of Payment ☒ Check # <u>98</u> ☐ Debit Card ☐ EFT	
Street Address 130 Pompeo Rd		City North Grosvenordale		State CT
Zip Code 06255				
Purpose of Expendit REF	Description Refund Check #98			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 #	\$50.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Gabrielle Labonte		Date of Payment 05/15/2026	Method of Payment ☒ Check # <u>96</u> ☐ Debit Card ☐ EFT	
Street Address 677 Hampton Rd		City Pomfret Center	State CT	Zip Code 06259
Purpose of Expendit REF	Description Refund Check #96			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 Scott Antonson		Date of Payment 05/20/2026	Method of Payment ☒ Check # <u>102</u> ☐ Debit Card ☐ EFT	
Street Address 97 Laporte Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #102			Amount \$10.00
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 Gail Beausoleil		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>109</u> ☐ Debit Card ☐ EFT	
Street Address 21 Walker Dr		City Quinebaug	State CT	Zip Code 06262
Purpose of Expendit REF	Description Refund Check #109			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Kristhoper T Beausoleil		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>114</u> ☐ Debit Card ☐ EFT	
Street Address 940 Riverside Dr		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #114			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee George Beno		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>113</u> ☐ Debit Card ☐ EFT	
Street Address 627 Quinebaug Rd		City Quinebaug	State CT	Zip Code 06262
Purpose of Expendit REF	Description Refund Check #113			Amount \$5.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stephen L Herbert		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>100</u> ☐ Debit Card ☐ EFT	
Street Address 122 Wilsonville Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #100			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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Kathleen Herbert		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>105</u> ☐ Debit Card ☐ EFT	
Street Address 122 Wilsonville Rd		City North Grosvenordale		State CT
Zip Code 06255				
Purpose of Expendit REF	Description Refund Check #105			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

Name of Payee Robert Pepin		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>104</u> ☐ Debit Card ☐ EFT	
Street Address 6 Alice Dr		City Quinebaug		State CT
Zip Code 06262				
Purpose of Expendit REF	Description Refund Check #104			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 Tim Lucason		Date of Payment 05/22/2026	Method of Payment ☒ Check # <u>115</u> ☐ Debit Card ☐ EFT	
Street Address 145 Perrin Rd		City Woodstock		State CT
Zip Code 06373				
Purpose of Expendit REF	Description Refund Check #115			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
Lenky 4 NECT	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Rex Nichols		Date of Payment 05/31/2026	Method of Payment ☒ Check # <u>118</u> ☐ Debit Card ☐ EFT	
Street Address 270 Linehouse Rd		City North Grosvenordale	State CT	Zip Code 06255
Purpose of Expendit REF	Description Refund Check #118			Amount \$20.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$1,010.00

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		
Lenky 4 NECT				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		
Lenky 4 NECT				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	Expenditure # (if applicable)		Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q						
Total of Section Q						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	July 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code)	Description			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Yes No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lenky 4 NECT	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