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

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
Lee Goldstein CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Edward	**M**	**Chao**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
12 Oak St	**Westport**	**CT**	**06880**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R136**

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

First	MI	Last	Suffix
lee		**goldstein**	

9. TYPE OF REPORT

July 10 Filing - Amendment

10. PERIOD COVERED

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

11. CERTIFICATION

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

Electronic Filing	**Edward Chao**	**07/14/2026 10:47:06PM**
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	
Lee Goldstein CT	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		**$0.00**
13. Balance on hand at the beginning of Reporting Period	**$5,105.28**	
14. Contributions received from Individuals (Section A and B)	**$4,050.00**	**$9,593.00**
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)	**$4,050.00**	**$9,593.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$9,155.28**	**$9,593.00**
20. Expenses Paid by Committee (Section N)	**$2,140.58**	**$2,578.30**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$7,014.70**	**$7,014.70**
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)	**$551.72**	**$551.72**
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
Lee Goldstein CT	July 10 Filing - Amendment

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Essagof	Bobbi	G	0046

Residential Street Address	City	State	Zip Code
120 Harbor Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Hultgren	Aaron		0045

Residential Street Address	City	State	Zip Code
12 Birchwood Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Physician	NYU school of medicine

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Diamond	Nancy		0044

Residential Street Address	City	State	Zip Code
31 Fairfield Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Freemon	Lori		0043

Residential Street Address	City	State	Zip Code
14 Catamount Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	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: $5.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
von Herrmann	Anne		0042

Residential Street Address	City	State	Zip Code
22 Bulkley Ave N .	Westport	CT	06880

Principal Occupation	Name of Employer
Admin	Midwood Financial

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Ingraldi	Barbara		0041

Residential Street Address	City	State	Zip Code
58 Autumn Ridge Rd	Pound Ridge	NY	10576

Principal Occupation	Name of Employer
Nurse	Bedford central school district

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Epstein	Sophie		0060

Residential Street Address	City	State	Zip Code
49 Turkey Hill Rd S	Westport	CT	06880

Principal Occupation	Name of Employer
Recruiter	Oliver James

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Phillips	Neil		0059

Residential Street Address	City	State	Zip Code
73 Wright St	Westport	CT	06880

Principal Occupation: Lawyer

Name of Employer: Lennon Murphy & Phillips

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Levy	Robyn		0058

Residential Street Address	City	State	Zip Code
9 Old Hill Farms Rd	Westport	CT	06880

Principal Occupation: designer

Name of Employer: Designer

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Sansolo	Marcy		0057

Residential Street Address	City	State	Zip Code
58 Washington Ave	Westport	CT	06880

Principal Occupation: Educator

Name of Employer: Norwalk Public Schools

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Herling	David		0056

Residential Street Address	City	State	Zip Code
312 Bayberry Ln	Westport	CT	06880

Principal Occupation: Professor of the Dark Arts

Name of Employer: Hogwarts

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bailey	Harold		0055

Residential Street Address	City	State	Zip Code
296 Greens Farms Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
NGNOUMEN	NGASSAM		0054

Residential Street Address	City	State	Zip Code
31 Greenlea Ln	Weston	CT	06883

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Frascella	Kate		0053

Residential Street Address	City	State	Zip Code
40 Rayfield Eoad	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Ezzes	James		0052

Residential Street Address	City	State	Zip Code
1A Punch Bowl Dr	Westport	CT	06880

Principal Occupation	Name of Employer
general contractor	SOUNDVIEW BUILDERS LLC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Macpherson	Brian		0051

Residential Street Address	City	State	Zip Code
4 Woods End Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Chang	Melissa		0050

Residential Street Address	City	State	Zip Code
4 Ambler Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Asiel	Maureen		0049

Residential Street Address	City	State	Zip Code
2 Nutcracker Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Consultant	MFA 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: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Mayer	Jeffrey		0048

Residential Street Address	City	State	Zip Code
31 Fairfield Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Executive	Community Solar Platform

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/01/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Klein	Nicole		0047

Residential Street Address	City	State	Zip Code
1 Turkey Hill Cir	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/01/2026	$100.00

Last Name	First	MI	Contribution ID #
Elizondo	Caroline		0090

Residential Street Address	City	State	Zip Code
11 Harbor Rd	Westport	CT	06880

Principal Occupation	Name of Employer
RN	Caroline Elizondo

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/02/2026	$5.00

Last Name	First	MI	Contribution ID #
Howard	Carrie		0089

Residential Street Address	City	State	Zip Code
137 Long Lots Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retail	Carrie Howard

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/02/2026	$25.00

Last Name	First	MI	Contribution ID #
Barr	Evan	T	0088

Residential Street Address	City	State	Zip Code
28 Tamarac Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Attorney	Reed Smith LLP

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received	Aggregate Contributions
04/02/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Volper	Vicki		0087

Residential Street Address	City	State	Zip Code
57 Old Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
lawyer	Vicki Volper

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$5.00

Last Name	First	MI	Contribution ID #
Lang	Amy		0086

Residential Street Address	City	State	Zip Code
6 Crestwood Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Bursar Associate	Fairfield 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: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$50.00

Last Name	First	MI	Contribution ID #
Bansak	Ronald		0085

Residential Street Address	City	State	Zip Code
22 Davenport Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Digital Retouching Artist	RB2 Creative

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$5.00

Last Name	First	MI	Contribution ID #
Subramanian	Anandi		0084

Residential Street Address	City	State	Zip Code
10 Twin Bridge Acre Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Driscoll	Rob		0083

Residential Street Address	City	State	Zip Code
21 Catamount Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Attorney	Davis Wright Tremaine

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schussheim	Debra		0082

Residential Street Address	City	State	Zip Code
18 Sunnyside Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Physician	Debra Schussheim

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Phillips	Dylan		0081

Residential Street Address	City	State	Zip Code
73 Wright St	Westport	CT	06880

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Phillips	Nathaniel		0080

Residential Street Address	City	State	Zip Code
73 Wright St	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Phillips	Kimberly		0079

Residential Street Address	City	State	Zip Code
73 Wright St	Westport	CT	06880

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Tang	Stephanie		0078

Residential Street Address	City	State	Zip Code
12 Stony Brook Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Women's Health Nurse Practitioner	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: $100.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Torres	Christina		0077

Residential Street Address	City	State	Zip Code
5 Rices Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Educator	Christina Torres

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Lowman	Diane		0076

Residential Street Address	City	State	Zip Code
501 Bradley Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Instructor	Diane Lowman

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Hordon	Dorie		0075

Residential Street Address	City	State	Zip Code
26 Ellery Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$5.00

Last Name	First	MI	Contribution ID #
Troy-Kopack	Pam		0074

Residential Street Address	City	State	Zip Code
11 Daybreak Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$25.00

Last Name	First	MI	Contribution ID #
Curry	Carolanne		0073

Residential Street Address	City	State	Zip Code
29 Hiawatha Lane Ext	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$50.00

Last Name	First	MI	Contribution ID #
Hendley	Caroline		0072

Residential Street Address	City	State	Zip Code
5 Silver Brook Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
04/02/2026	$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kinnally	Janette		0071

Residential Street Address	City	State	Zip Code
7 Grays Farm Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Business and life strategist	Janette Kinnally

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Dobin-Smith	James	I	0070

Residential Street Address	City	State	Zip Code
3 Yankee Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Northwestern University

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Smith	Christopher	W	0069

Residential Street Address	City	State	Zip Code
3 Yankee Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Attorney	Mintz Levin

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shapiro	Daniel		0068

Residential Street Address	City	State	Zip Code
27 Park Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Teacher	Bridgeport Public Schools

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dobin	Danielle		0067

Residential Street Address	City	State	Zip Code
3 Yankee Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Investor	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kane	Melissa		0066

Residential Street Address	City	State	Zip Code
9 Buena Vista Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
harrington	Robert	J	0065

Residential Street Address	City	State	Zip Code
7 Woody Ln	Westport	NY	06880

Principal Occupation	Name of Employer
Investment Analyst	Cantor Fitzgerald

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Glass	Iris		0064

Residential Street Address	City	State	Zip Code
42 Lambert Rdg	Cross River	NY	10518

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goldenberg	Deborah		0063

Residential Street Address	City	State	Zip Code
17 Valley Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Teacher	Westport Public Schools

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Sikorski	Mary Ellen		0062

Residential Street Address	City	State	Zip Code
142 Compo Rd S	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Curran	Stacie		0061

Residential Street Address	City	State	Zip Code
392 Greens Farms Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homaemaker	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: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nadel	Jill		0093

Residential Street Address	City	State	Zip Code
77 Sturges Hwy	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Desser	Christine		0092

Residential Street Address	City	State	Zip Code
10 Sniffen Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Unemployed	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nichols	Lisa		0091

Residential Street Address	City	State	Zip Code
51 S Broadway 415	White Plains	NY	10601

Principal Occupation	Name of Employer
Stylist	Lisa Nichols

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/02/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Christie	Kevin		0103

Residential Street Address	City	State	Zip Code
7 Bruce Ln	Westport	CT	06880

Principal Occupation	Name of Employer
First Selectman	Town of Westport

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Kempner	Jim		0102

Residential Street Address	City	State	Zip Code
47 Bermuda Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Real Estate Investment	Kempner Properties LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kempner	Sara		0101

Residential Street Address	City	State	Zip Code
47 Bermuda Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/03/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Cohen	Lauren		0100

Residential Street Address	City	State	Zip Code
88 Partrick Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Writer	Lauren Cohen

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/03/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
ruthven	becky		0099

Residential Street Address	City	State	Zip Code
3 Panhandle Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bailey	Bernicestine		0098

Residential Street Address	City	State	Zip Code
296 Greens Farms Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kostek	Adam		0097

Residential Street Address	City	State	Zip Code
16 Keyser Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retail Worker	LEGO

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schussheim	Benjamin		0096

Residential Street Address	City	State	Zip Code
18 Sunnyside Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Software Engineer	Lila Sciences

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schussheim	Rebecca		0095

Residential Street Address	City	State	Zip Code
18 Sunnyside Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schussheim	Adam		0094

Residential Street Address	City	State	Zip Code
18 Sunnyside Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Physician	Cardiac Specialists

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/03/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Nguyen	Trammi		0119

Residential Street Address	City	State	Zip Code
59 Old Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Children's Library Associate	The Westport Library

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lang	Gregory	F	0118

Residential Street Address	City	State	Zip Code
6 Crestwood Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Attorney	Hunton Andrews Kurth LLP

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Teplica	Whitman		0117

Residential Street Address	City	State	Zip Code
52 Maple Ave S	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Teplica	Carter		0116

Residential Street Address	City	State	Zip Code
52 Maple Ave S	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Dillon	Jill		0115

Residential Street Address	City	State	Zip Code
9 Rices Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	N/A

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

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

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

Amount of Contribution: $340.00

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

If yes, list Event #

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

Date Received: 04/04/2026

Aggregate Contributions: $340.00

Last Name	First	MI	Contribution ID #
Gordon	Linda		0114

Residential Street Address	City	State	Zip Code
104 Clapboard Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
operations	Group Gordon

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
LAUTENBERG	ELLEN	S	0113

Residential Street Address	City	State	Zip Code
10 Woody Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Diorio	Anna		0112

Residential Street Address	City	State	Zip Code
3 Cross Brook Ln	Westport	CT	06880

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Diorio	Stephen		0111

Residential Street Address	City	State	Zip Code
3 Cross Brook Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Consultant-Manager	Horizon 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: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Benanav	Tamara		0110

Residential Street Address	City	State	Zip Code
11 Poplar Plains Rd .	Westport	CT	06880

Principal Occupation	Name of Employer
Independent Educational Consultant	Campus View 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: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ganeshram	Ramin		0109

Residential Street Address	City	State	Zip Code
30 Evergreen Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Historian	Westport Museum

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Spencer	Anne		0108

Residential Street Address	City	State	Zip Code
25 Compo Pkwy	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Adair	Sarah		0107

Residential Street Address	City	State	Zip Code
46 Turkey Hill Rd S	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Herrmann	Edward	J	0106

Residential Street Address	City	State	Zip Code
5 Spring Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Bates College

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Herrmann	Christian	L	0105

Residential Street Address	City	State	Zip Code
5 Spring Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Radio Broadcasting	Pamal Broadcasting

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Herrmann	Susan	S	0104

Residential Street Address	City	State	Zip Code
5 Spring Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Realtor	William Raveis Real Estate

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/04/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lacroix	Norman		0126

Residential Street Address	City	State	Zip Code
35 Arlen Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
lacroix	celeste	k	0125

Residential Street Address	City	State	Zip Code
35 Arlen Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Christie	Gina		0124

Residential Street Address	City	State	Zip Code
7 Bruce Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Marketing	Danone North America

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Stollenwerck	Allyson		0123

Residential Street Address	City	State	Zip Code
27 Hermit Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Johnson	Jennifer	J	0122

Residential Street Address	City	State	Zip Code
28 Tamarac Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Coady	Kempton	J	0121

Residential Street Address	City	State	Zip Code
4 Fernwood Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Landau	Betty		0120

Residential Street Address	City	State	Zip Code
3 Hyatt Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/05/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Chan	Mary		0145

Residential Street Address	City	State	Zip Code
3 Stoneboat Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Administrative Assistant	Levin & Glasser

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Gorin	Jenifer		0144

Residential Street Address	City	State	Zip Code
21 High Point Rd	Westport	CT	06880

Principal Occupation: Consultant

Name of Employer: Impact Growth Partners

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
McGunagle	Brian		0143

Residential Street Address	City	State	Zip Code
3 Old Orchard Rd	Westport	CT	06880

Principal Occupation: Contractor

Name of Employer: Call Brian LLC

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Ker	Belinda		0142

Residential Street Address	City	State	Zip Code
3 Twin Falls Ln	Westport	CT	06880

Principal Occupation: MD

Name of Employer: NEMG

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Boxenbaum	David		0141

Residential Street Address	City	State	Zip Code
9 Fairview Dr	Westport	CT	06880

Principal Occupation: Music executive

Name of Employer: Newport Media 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: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Goldfarb	Deborah	L	0140

Residential Street Address	City	State	Zip Code
4 Little Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Wasserman	Melinda		0139

Residential Street Address	City	State	Zip Code
9 Fairview Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Home Stager	BA Staging and Interiors

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Nair	Anil		0138

Residential Street Address	City	State	Zip Code
19 Gault Park Dr	Westport	CT	06880

Principal Occupation	Name of Employer
CTO	Tenetic

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ryan	Micil		0137

Residential Street Address	City	State	Zip Code
32 Washington Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Producer	Dareg Inc

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Greenberg	Deborah		0136

Residential Street Address	City	State	Zip Code
6 Buena Vista Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Election Official	Town of Westport

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Dowell	Colin		0135

Residential Street Address	City	State	Zip Code
100 Coleytown Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Product Manager	Mozilla

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Drake	Adam		0134

Residential Street Address	City	State	Zip Code
60 Red Coat Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Executive	Reflekta

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Foster	James	A	0133

Residential Street Address	City	State	Zip Code
13 Hillandale Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
falk	harris		0132

Residential Street Address	City	State	Zip Code
14 Overlook Rd	Westport	CT	06880

Principal Occupation	Name of Employer
consultant	harris falk

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Barrett	Nell		0131

Residential Street Address	City	State	Zip Code
5 Porters Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Redd	Brandie		0130

Residential Street Address	City	State	Zip Code
14 Stoneboat Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Stay at home mom	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: $100.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Gouveia	Gloria		0129

Residential Street Address	City	State	Zip Code
131 Kings Hwy N	Westport	CT	06880

Principal Occupation	Name of Employer
Consultant	LAND USE 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: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Driscoll	Nina		0128

Residential Street Address	City	State	Zip Code
21 Catamount Rd	Westport	CT	06880

Principal Occupation	Name of Employer
student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Hsu	Florence		0127

Residential Street Address	City	State	Zip Code
55 Old Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Physician	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/06/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
PINES	TODD		0151

Residential Street Address	City	State	Zip Code
43 Old Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
INVESTMENT MANAGER	Scion Group LLC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Weinberg	Robin		0150

Residential Street Address	City	State	Zip Code
43 Old Hill Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Adjunct Professor	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: $5.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mechanic	Dara		0149

Residential Street Address	City	State	Zip Code
22 Gault Park Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Teacher	LCDS

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Friedman	Mark		0148

Residential Street Address	City	State	Zip Code
14 St George Pl	Westport	CT	06880

Principal Occupation	Name of Employer
Investor	Mark Friedman

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Fridland	Jennifer		0147

Residential Street Address	City	State	Zip Code
26 Cavalry Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Interior Designer	Jennifer Fridland Interior Spaces

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Dalzell	Amanda		0146

Residential Street Address	City	State	Zip Code
78 Clinton Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Pendergast	Laura		0153

Residential Street Address	City	State	Zip Code
15 Rumpenmile Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Owner Theater Academy	Me

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Dockter	Lucy		0152

Residential Street Address	City	State	Zip Code
31 Greenlea Ln	Westport	CT	06880

Principal Occupation	Name of Employer
student	student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/07/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ross	Shelley		0155

Residential Street Address	City	State	Zip Code
28 Old Hill Farms Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pintat Rossell	Sara		0154

Residential Street Address	City	State	Zip Code
3 Quintard Pl	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	3Quintatd

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Newman	Kayla		0159

Residential Street Address	City	State	Zip Code
25 Cob Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Newman	Lisa		0158

Residential Street Address	City	State	Zip Code
25 Cob Dr	Westport	CT	06880

Principal Occupation	Name of Employer
Partner, Marketing Firm	Digital 112

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Mani	Shobana		0157

Residential Street Address	City	State	Zip Code
44 Bulkley Ave N	Westport	CT	06880

Principal Occupation	Name of Employer
Consultant - finance and design	Shobana Mani

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Shinbaum	Alan		0156

Residential Street Address	City	State	Zip Code
202 Harvest Cmns	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/08/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kornbluth	Zachary		0161

Residential Street Address	City	State	Zip Code
3 Hyatt Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Unemployed	N/A

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Schneewind	Hannah		0160

Residential Street Address	City	State	Zip Code
7 Thomas Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Literacy Consultant	Hannah Schneewind LLC

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/09/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Greely	Nathaniel		0162

Residential Street Address	City	State	Zip Code
10 Drumlin Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/10/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Lewis	Catherine		0166

Residential Street Address	City	State	Zip Code
5 Spruce St	Westport	CT	06880

Principal Occupation	Name of Employer
Therapist	Catherine Lewis LCSW

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

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

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

Amount of Contribution: $150.00

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

If yes, list Event #:

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

Date Received: 04/11/2026

Aggregate Contributions: $150.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Bernegger	Nell	W	0165

Residential Street Address	City	State	Zip Code
2 Cross Hwy	Westport	CT	06880

Principal Occupation	Name of Employer
Art Teacher	Silvermine Arts Center

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/11/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Bennewitz	Kathleen	M	0164

Residential Street Address	City	State	Zip Code
1 Greenbrier Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Executive Director	Edward Hopper House Museum & Study 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: $25.00

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

If yes, list Event #:

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

Date Received: 04/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Epstein	Richard		0163

Residential Street Address	City	State	Zip Code
2 Red Coat Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Dentist	Westport Dental Asociates

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/11/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Smith Orloff	Paige		0171

Residential Street Address	City	State	Zip Code
30 E Alford Rd	West Stockbridge	MA	01266

Principal Occupation	Name of Employer
Psychotherapist	Center for Motivation and Change

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Whitney	Elaine		0170

Residential Street Address	City	State	Zip Code
12 Colony Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Hospital administrator	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: $100.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Garber	John	T	0169

Residential Street Address	City	State	Zip Code
12 Colony Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Executive	ADP

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Whitney	Edward	A	0168

Residential Street Address	City	State	Zip Code
12 Colony Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Harris-Jagenberg	Sonya	R	0167

Residential Street Address	City	State	Zip Code
6 Bowling Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 04/12/2026

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Mellin	Nisa		0173

Residential Street Address	City	State	Zip Code
101 Harvest Cmns	Westport	CT	06880

Principal Occupation	Name of Employer
Unemployed	Unemployed

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Perkins	Evan	S	0172

Residential Street Address	City	State	Zip Code
8 Beltas Farm Ln	Westport	CT	06880

Principal Occupation	Name of Employer
Auto sales	Honda Of Westport

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/13/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Carey-Moody	Michele	M	0174

Residential Street Address	City	State	Zip Code
6 Arrowhead Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Homemaker	Homemaker

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #

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

Date Received: 04/15/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Kail	Nancy	R	0175

Residential Street Address	City	State	Zip Code
15 River View Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Educator	Kail

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 04/21/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): Lee Goldstein CT

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Covaci	Ive		0180

Residential Street Address	City	State	Zip Code
12 Moss Ledge Rd	Westport	CT	06880

Principal Occupation: Art historian

Name of Employer: Fairfield University (part time)

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Vindiola	Shannon		0179

Residential Street Address	City	State	Zip Code
61 Kings Hwy S	Westport	CT	06880

Principal Occupation: Designer

Name of Employer: Yozo Studio

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Herrmann	Edward	J	0178

Residential Street Address	City	State	Zip Code
5 Spring Hill Rd	Westport	CT	06880

Principal Occupation: College student

Name of Employer: Bates College

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/01/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Shamie	Greg		0177

Residential Street Address	City	State	Zip Code
6 Overlook Rd	Westport	CT	06880

Principal Occupation: Staff developer

Name of Employer: The Leadership Program

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/01/2026

Aggregate Contributions: $5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Lewis	Stacie		0176

Residential Street Address	City	State	Zip Code
6 Overlook Rd	Westport	CT	06880

Principal Occupation	Name of Employer
Performer and Educator	Stacie Lewis Shamie

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/01/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Colotti	Julie	M	0181

Residential Street Address	City	State	Zip Code
8 Gorham Avenue Westport Ct , USA	Westport	CT	06880

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/02/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Mudd	Margaret	F	0182

Residential Street Address	City	State	Zip Code
21 Baker Ave	Westport	CT	06880

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 05/04/2026

Aggregate Contributions: $5.00

Total of Section B	**$4,050.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$4,050.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

C1. Contributions from Other Committees

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

Total of Section C1	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

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
Lee Goldstein CT	July 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

G. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

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
Lee Goldstein CT	July 10 Filing - Amendment

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
05/31/2026	A	Picnic Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
60 Compo Beach Rd	Westport	CT	06880

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	☐ Yes ☒ No	(If yes, enter Total Receipts here.)	$0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual / Business Entity / 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
Lee Goldstein CT	July 10 Filing - Amendment

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

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

Total of Section J4	

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

K. In-Kind Contributions

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

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	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
Lee Goldstein CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
James Dobin Smith	05/11/2026	[X] Check # 995001 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
639 Library Pl	Evanston	IL	60201

Purpose of Expendit	Description	Amount
WEB	Campaign web site	$368.88

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No

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

Expenditure # (if applicable):

Event #:

Name of Payee	Date of Payment	Method of Payment
CVS Pharmacy	05/31/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
397 Post Rd E	Westport	CT	06880

Purpose of Expendit	Description	Amount
FOOD	Ice	$11.97

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 #: 05312026A

Name of Payee	Date of Payment	Method of Payment
Maureen Asiel	06/10/2026	[X] Check # 995002 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2 Nutcracker Ln	Westport	CT	06880

Purpose of Expendit	Description	Amount
RMB		$85.62

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
Lee Goldstein CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Abby Tolan	06/10/2026	[X] Check # 995003 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Harbor Rd	Westport	CT	06880

Purpose of Expendit	Description	Amount
RMB		

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 #	Amount
			$149.57

Name of Payee	Date of Payment	Method of Payment
Sung Chao	06/10/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 Oak St	Westport	CT	06880

Purpose of Expendit	Description	Amount
RMB		

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 #	Amount
			$123.30

Name of Payee	Date of Payment	Method of Payment
Ngassam Ngnoumen	06/11/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
31 Greenlea Ln	Westport	CT	06880

Purpose of Expendit	Description	Amount
RMB		

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 #	Amount
			$630.72

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lee Goldstein	06/18/2026	[X] Check # 995006 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
31 Greenlea Ln	Westport	CT	06880

Purpose of Expendit	Description	Amount
RMB		

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$551.72

Name of Payee	Date of Payment	Method of Payment
Day Campaign	06/30/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
112 Bloomfield Ave	Windsor	CT	06095

Purpose of Expendit	Description	Amount
BNK	Credit Card/Banking Transaction fees	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [ ] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$218.80

Total of Section N	**$2,140.58**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Universal Printing & Mail	04/17/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
75 Ardmore St	Fairfield	CT	06824	

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Palm card printing and graphic design		$340.37

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Longshore Tennis	05/05/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
260 Compo Rd S	Westport	CT	06880	

Purpose of Expenditure (by code)	Description	Event #	Amount
INAUG	Compo Beach - south beach rental costs	05312026A	$75.00

Name of Payee (Name of vendor who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Mailchimp	06/01/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code	Amount
405 N Angier Ave NE	Atlanta	GA	30308	

Purpose of Expenditure (by code)	Description	Event #	Amount
A-WEB			$136.35

Total of Section O	$551.72

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

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

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

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

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

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

Name of Creditor	Date Incurred

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)

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

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/14/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree

Street Address of Vendor	City	State	Zip Code
14 Danbury Rd	Wilton	CT	06897

Purpose of Expenditure (by code)	Description
INAUG	Tablecovers and plastic cutlery

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$19.14

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/14/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Walmart

Street Address of Vendor	City	State	Zip Code
650 Main Ave	Norwalk	CT	06851

Purpose of Expenditure (by code)	Description
INAUG	Napkins

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$24.59

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/29/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree

Street Address of Vendor	City	State	Zip Code
14 Danbury Rd	Wilton	CT	06897

Purpose of Expenditure (by code)	Description
INAUG	Decoratinos

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$7.55

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Ngnoumen	Ngassam		05/29/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Castle Wine & Spirits

Street Address of Vendor	City	State	Zip Code
1439 Post Rd E	Westport	CT	06880

Purpose of Expenditure (by code)	Description
FOOD	Beverages, net of returns on 5/31/2026

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$163.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Ngnoumen	Ngassam		05/29/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Costco Wholesale

Street Address of Vendor	City	State	Zip Code
779 Connecticut Ave	Norwalk	CT	06880

Purpose of Expenditure (by code)	Description
FOOD	Beverages

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$51.36

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/29/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Michaels

Street Address of Vendor	City	State	Zip Code
14 Danbury Rd	Wilton	CT	06897

Purpose of Expenditure (by code)	Description
INAUG	Plastic flowers

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$12.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/29/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Michaels			
Street Address of Vendor	**City**	**State**	**Zip Code**
14 Danbury Rd	Wilton	CT	06897

Purpose of Expenditure (by code)	Description
INAUG	Decorations

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$10.61

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/30/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Aldi			
Street Address of Vendor	**City**	**State**	**Zip Code**
290 Tunxis Hill Rd	Fairfield	CT	06825

Purpose of Expenditure (by code)	Description
FOOD	Food

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$31.78

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Chao	Sung		05/30/2026	[X] Check # 995004 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Stop and Shop

Street Address of Vendor	City	State	Zip Code
760 Villa Ave	Fairfield	CT	06825

Purpose of Expenditure (by code)	Description
FOOD	Food

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$16.93

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Asiel	Maureen		05/30/2026	[X] Check # 995002 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Costco Wholesale

Street Address of Vendor	City	State	Zip Code
779 Connecticut Ave	Norwalk	CT	06854

Purpose of Expenditure (by code)	Description
FOOD	Food

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$56.84

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Asiel	Maureen		05/30/2026	[X] Check # 995002 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Party Harty

Street Address of Vendor	City	State	Zip Code
578 Post Rd E	Westport	CT	06888

Purpose of Expenditure (by code)	Description
INAUG	Table clips

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$18.61

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Ngnoumen	Ngassam		05/30/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Staples

Street Address of Vendor	City	State	Zip Code
1201 Kings Hwy	Fairfield	CT	06824

Purpose of Expenditure (by code)	Description
INAUG	Nametags

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$10.09

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Ngnoumen	Ngassam		05/31/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Dollar Tree

Street Address of Vendor	City	State	Zip Code
330 Connecticut Ave	Norwalk	CT	06854

Purpose of Expenditure (by code)	Description
INAUG	Plastic cups

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$5.32

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Ngnoumen	Ngassam		05/31/2026	[X] Check # 995005 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Lifted Spirits Mobile Bar and Staffing

Street Address of Vendor	City	State	Zip Code
23 Flora Pl	Stamford	CT	06903

Purpose of Expenditure (by code)	Description
FOOD	Bartender services

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$400.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Tolan	Abby		05/31/2026	[X] Check # 995003 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Whole Foods Market			
Street Address of Vendor	**City**	**State**	**Zip Code**
399 Post Rd W	Westport	CT	06880

Purpose of Expenditure (by code)	Description
FOOD	Food

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$149.57

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Asiel	Maureen		05/31/2026	[X] Check # 995002 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Cumberland Farms			
Street Address of Vendor	**City**	**State**	**Zip Code**
690 Post Rd E	Westport	CT	06880

Purpose of Expenditure (by code)	Description
FOOD	Ice

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		05312026A	$10.17

Total of Section R	**$989.21**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Lee Goldstein CT	July 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

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

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	**Amount of Expenditure**
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section Q. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought