

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 43

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Cheryl Hilton for The 80th				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kathryn		MI C	Last Brookman		Suffix
4. TREASURER ADDRESS					
Street Address 90 Apple Gate		City Southington		State CT	Zip Code 06489
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R080
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Cheryl		MI D	Last Hilton		Suffix
9. TYPE OF REPORT July 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 04/19/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Kathryn Brookman PRINT NAME OF THE SIGNER		08/10/2026 2:41:12PM 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	
Cheryl Hilton for The 80th	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$5,761.00	\$5,761.00
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)	\$5,761.00	\$5,761.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$5,761.00	\$5,761.00
20. Expenses Paid by Committee (Section N)	\$530.06	\$530.06
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$5,230.94	\$5,230.94
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Cheryl Hilton for The 80th		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 HILTON		First ANNIE		MI G	Contribution ID # 0004
Residential Street Address 85 Tanglewood Dr		City Southington		State CT	Zip Code 06489
Principal Occupation HOMEMAKER		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/14/2026	Aggregate Contributions \$100.00	\$100.00

Last Name MITCHELL		First STEPHANIE		MI CT	Contribution ID # 0033
Residential Street Address 177 Miller Farm Rd		City Plantsville		State CT	Zip Code 06479
Principal Occupation PARAEDUCATOR		Name of Employer SOUTHINGTON PUBLIC SCHOOLS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$50.00	\$50.00

Last Name GUARINO		First VALENTINO		MI CT	Contribution ID # 0044
Residential Street Address 1432 East St		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MCCAW-TODD		First ANDRE		MI	Contribution ID # 0063
Residential Street Address 92 Green Valley Dr		City Plantsville		State CT	Zip Code 06479
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name RAYNER		First ALISHA		MI	Contribution ID # 0064
Residential Street Address 29 S Fair St		City Guilford		State CT	Zip Code 06437
Principal Occupation CONSULTANT		Name of Employer DNA CAMPAIGNS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MCCAW		First TANETA		MI	Contribution ID # 0074
Residential Street Address 92 Green Valley Dr		City Plantsville		State CT	Zip Code 06479
Principal Occupation ADMIN ASSISTANT		Name of Employer SOUTHINGTON BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name MCCAW		First DEPRESSLEY		MI	Contribution ID # 0075
Residential Street Address 92 Green Valley Dr		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MELE		First MEGAN		MI	Contribution ID # 0108
Residential Street Address 545 West St		City Southington		State CT	Zip Code 06489
Principal Occupation OCCUPATIONAL THERAPIST		Name of Employer SESI INC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

Last Name GELFAND		First CAITLYN		MI	Contribution ID # 0109
Residential Street Address 51 Cloverdale Rd		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer HRA OF NEW BRITAIN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

Last Name NOVI		First ALICIA		MI	Contribution ID # 0110
Residential Street Address 41 Hill St		City Southington		State CT	Zip Code 06489
Principal Occupation STAFF ATTORNEY		Name of Employer STATE OF CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

Last Name WADE		First KATHERINE		MI	Contribution ID # 0111
Residential Street Address 39 Madalyn Ln		City Southington		State CT	Zip Code 06489
Principal Occupation HOMEMAKER		Name of Employer HOMEMAKER			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Cheryl Hilton for The 80th

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name BEVAN		First JUSTIN		MI	Contribution ID # 0112
Residential Street Address 133 Meriden Ave		City Southington		State CT	Zip Code 06489
Principal Occupation CONDUCTOR		Name of Employer AMTRAK			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

Last Name COWLES		First ERIN		MI	Contribution ID # 0113
Residential Street Address 60 Rouke Ave		City Southington		State CT	Zip Code 06489
Principal Occupation TALENT ACQUISITION		Name of Employer USI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$26.00	\$26.00

Last Name PELLETIER		First LISA		MI	Contribution ID # 0115
Residential Street Address 1131 Flanders Rd		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$50.00	\$50.00

Last Name BROOKMAN		First KATHRYN		MI	Contribution ID # 0107
Residential Street Address 90 Applegate # 21		City Southington		State CT	Zip Code 06489
Principal Occupation CPA		Name of Employer TAX SEASONC CPA LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MAZUREK		First PAUL		MI	Contribution ID # 0045
Residential Street Address 3 Ledgebrook Dr		City Wolcott		State CT	Zip Code 06716
Principal Occupation SALES		Name of Employer TRINCHUO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$25.00	\$25.00

Last Name GREEN		First LONNIE		MI	Contribution ID # 0046
Residential Street Address 196 Defashion St		City Southington		State CT	Zip Code 06479
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name HAWKE		First VANESSA		MI	Contribution ID # 0106
Residential Street Address 303 Mulberry St		City Plantsville		State CT	Zip Code 06479
Principal Occupation DEPUTY DIRECTOR		Name of Employer ADVANCING CT TOGETHER			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$26.00	\$26.00

Last Name COSGROVE		First ELIZABETH		MI	Contribution ID # 0103
Residential Street Address 123 Southington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name FLYNN		First JOHN		MI	Contribution ID # 0104
Residential Street Address 123 Southington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation RETAIL		Name of Employer LOWES			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$26.00	\$26.00

Last Name WALWYN		First LASHAWN		MI	Contribution ID # 0105
Residential Street Address 77 Brothers Way		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer EAST HARTFORD BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$26.00	\$26.00

Last Name RATHBUN		First KRISTA		MI	Contribution ID # 0062
Residential Street Address 88 Hillside Ave		City Plantsville		State CT	Zip Code 06479
Principal Occupation NURSE		Name of Employer HARTFORD HEA;THCARE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MOSLEY		First MAURICE		MI	Contribution ID # 0034
Residential Street Address 66 Redcoat Rd		City Waterbury		State CT	Zip Code 06704
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MOUTOGIANNIS		First EFROSINI		MI	Contribution ID # 0035
Residential Street Address 53 Rustic Oak Rd		City Southington		State CT	Zip Code 06489
Principal Occupation PENSION PLAN ADMIN		Name of Employer THE NOLAN CO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name CROOKS		First DEANNA		MI	Contribution ID # 0015
Residential Street Address 89 Bradford Walk		City Farmington		State CT	Zip Code 06032
Principal Occupation REALTOR		Name of Employer FRANCIS REALTY & CO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$100.00	\$100.00

Last Name BONTEMPI		First KRISTIN		MI	Contribution ID # 0011
Residential Street Address 40 Washington Dr		City Southington		State CT	Zip Code 06489
Principal Occupation LMFT		Name of Employer dba KRISTIN M BONTEMPI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$150.00	\$150.00

Last Name COWLES		First JONAH		MI	Contribution ID # 0050
Residential Street Address 60 8/26 Ave		City Southington		State CT	Zip Code 06489
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MOSLEY		First AZA		MI	Contribution ID # 0102
Residential Street Address 134 Haddad Rd		City Waterbury		State CT	Zip Code 06708
Principal Occupation ASST AG		Name of Employer STATE OF CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$26.00	\$26.00

Last Name DUMIN		First MARYANN		MI	Contribution ID # 0018
Residential Street Address 176 Malcein Dr		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name BAILEY		First TIANA		MI	Contribution ID # 0051
Residential Street Address 133 Privilege Rd		City Bloomfield		State CT	Zip Code 06002
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/03/2026	Aggregate Contributions \$26.00	\$26.00

Last Name HIGHSMITH		First CAROLYN		MI	Contribution ID # 0047
Residential Street Address 222 Judith Ln		City Waterbury		State CT	Zip Code 06704
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name UDICE		First MARY		MI	Contribution ID # 0048
Residential Street Address 45 Pacer Ln		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$20.00	\$20.00

Last Name RADDEN		First TRACY		MI	Contribution ID # 0049
Residential Street Address 85 Forest Ridge Rd		City Waterbury		State CT	Zip Code 06708
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$20.00	\$20.00

Last Name YOUNG		First LORIBETH		MI	Contribution ID # 0041
Residential Street Address 61 Crest St		City Waterbury		State CT	Zip Code 06708
Principal Occupation PLANNER		Name of Employer ST OF CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name YOUNG		First SHANYELLE		MI	Contribution ID # 0042
Residential Street Address 87 Juniper Ln		City South Windsor		State CT	Zip Code 06074
Principal Occupation BROKER		Name of Employer SELF EMPLOYED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name HAYLES		First MILTONETTE		MI	Contribution ID # 0071
Residential Street Address 43 Water St		City Southington		State CT	Zip Code 06489
Principal Occupation EDUCATOR		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name LIVERS		First JAIDEN		MI	Contribution ID # 0072
Residential Street Address 43 Water St		City Southington		State CT	Zip Code 06489
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name MILLER		First STACY		MI	Contribution ID # 0073
Residential Street Address 160 Rising Trail Dr		City Middletown		State CT	Zip Code 06457
Principal Occupation REALTOR		Name of Employer CENTURY 21			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$10.00	\$10.00

Last Name ODUKWE		First CHERESE		MI	Contribution ID # 0076
Residential Street Address 60 Regency Dr		City Windsor		State CT	Zip Code 06095
Principal Occupation DIRECTOR OF STUDENT ACTIVITIES		Name of Employer CAS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name HALL		First MONROE		MI	Contribution ID # 0077
Residential Street Address 36 Crowther Ave		City Bridgeport		State CT	Zip Code 06605
Principal Occupation COMMUNITY HEALTH WORKER		Name of Employer TRINITY HEALTH OF NE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$20.00	\$20.00

Last Name GELFAND		First ALEX		MI	Contribution ID # 0061
Residential Street Address 51 Cloverdale Rd		City Southington		State CT	Zip Code 06489
Principal Occupation HR		Name of Employer EY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$5.00	\$5.00

Last Name BROOKS		First ALTHEA		MI	Contribution ID # 0012
Residential Street Address 170 Stevenson Rd		City New Haven		State CT	Zip Code 06515
Principal Occupation NON PROFIT MGMT		Name of Employer WTBY BRIDGE TO SUCCESS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name BROWN-FOSTER		First WALTON		MI	Contribution ID # 0013
Residential Street Address 6 Croydon Dr		City Bloomfield		State CT	Zip Code 06002
Principal Occupation PROFESSOR		Name of Employer CCSU			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LUCKETT		First VALITA		MI H	Contribution ID # 0005
Residential Street Address 29 Old Pasture Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation CONSULTANT		Name of Employer LUCKETT & LUCKETT ASSOC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name CROCKETT		First DONNA		MI M	Contribution ID # 0001
Residential Street Address 108 Skipper St		City New Britain		State CT	Zip Code 06053
Principal Occupation SALON SYTLIST OWNER		Name of Employer DonnaTheHairStylist			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$100.00

Last Name TROTMAN		First PAMELA		MI	Contribution ID # 0008
Residential Street Address 137 Windy Dr		City Waterbury		State CT	Zip Code 06705
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$90.00	\$90.00

Last Name BENNETT		First KELSIE		MI	Contribution ID # 0009
Residential Street Address 52 Edgecomb St		City Hamden		State CT	Zip Code 06517
Principal Occupation HEALTHCARE ECONOMICS MGR		Name of Employer UNITED HEALTHCARE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$340.00	\$340.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name PARKMOND		First SYDNEY		MI	Contribution ID # 0036
Residential Street Address 183 Hertiage Dr		City Waterbury		State CT	Zip Code 06708
Principal Occupation OPERATIONS		Name of Employer META			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$250.00	\$250.00

Last Name PELLETIER		First LISA		MI	Contribution ID # 0037
Residential Street Address 1131 Flanders Rd		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$100.00	\$50.00

Last Name SMITH		First KATIANA		MI	Contribution ID # 0039
Residential Street Address 101 Midwood Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation ARTIST/MURALIST		Name of Employer JARBATH ART LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name ELLER		First GINA		MI	Contribution ID # 0020
Residential Street Address 14 Rogers Rd # 14		City Wolcott		State CT	Zip Code 06716
Principal Occupation ADMIN		Name of Employer CSDNB			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name GOPIE		First JADE		MI	Contribution ID # 0022
Residential Street Address 56 Hidden Pond Ddr		City Waterbury		State CT	Zip Code 06704
Principal Occupation BUREAU CHIEF		Name of Employer CITY OF WATERBURY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name GRAY		First VIRA		MI	Contribution ID # 0023
Residential Street Address 15 Farmers Ct		City Cheshire		State CT	Zip Code 06410
Principal Occupation CCR SUPERVISOR		Name of Employer WPS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name HAMMOND		First LESLIE		MI	Contribution ID # 0025
Residential Street Address 1 Linden Pl # 400		City Hartford		State CT	Zip Code 06106
Principal Occupation BROKER/OWNER/REALTOR		Name of Employer HAMMOND REALTY LLC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name HARP		First TONI		MI	Contribution ID # 0026
Residential Street Address 71 Edgewood Way		City New Haven		State CT	Zip Code 06515
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name HILTON		First RAMONA		MI	Contribution ID # 0028
Residential Street Address 91 Lexington St		City Hamden		State CT	Zip Code 06514
Principal Occupation SOCIAL WORKER		Name of Employer ST OF CT DEPT OF SOC SVCS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$50.00	\$50.00

Last Name LOPEZ		First YARIXA		MI	Contribution ID # 0096
Residential Street Address 31 Marita Dr		City Waterbury		State CT	Zip Code 06705
Principal Occupation MANAGER		Name of Employer WATERBURY HOSPITAL			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

Last Name JOHNS		First LAUREN		MI	Contribution ID # 0097
Residential Street Address 388 Pondview Dr		City Southington		State CT	Zip Code 06489
Principal Occupation PROJECT SPECIALIST		Name of Employer SERC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

Last Name POWELL		First JEWEL		MI	Contribution ID # 0098
Residential Street Address 150 Marion Ave		City Plantsville		State CT	Zip Code 06479
Principal Occupation SALES		Name of Employer WOLCOTT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name WALWYN		First JARVAS		MI	Contribution ID # 0099
Residential Street Address 77 Brothers Way		City Southington		State CT	Zip Code 06489
Principal Occupation SALES		Name of Employer XXX			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

Last Name SMITH		First MARTIN		MI	Contribution ID # 0100
Residential Street Address 150 Marion Ave		City Plantsville		State CT	Zip Code 06479
Principal Occupation CREDIT COLLECTIONS MGR		Name of Employer LINCOLN WASTE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

Last Name GELFAND		First CAITLYN		MI	Contribution ID # 0101
Residential Street Address 51 Cloverdale Rd		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer HRA OF NEW BRITAIN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☒ Yes ☐ No If yes, list Event # 06042026A	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/04/2026	Aggregate Contributions \$26.00	\$26.00

Last Name PELLETIER		First JAMES		MI	Contribution ID # 0094
Residential Street Address 1131 Flanders Rd		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name STROOP		First JENNIFER		MI	Contribution ID # 0095
Residential Street Address 412 W Center St		City Southington		State CT	Zip Code 06489
Principal Occupation GENETICS		Name of Employer UConn			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$26.00	\$26.00

Last Name LEBRUN-GRIFFIN		First MICHELLE		MI	Contribution ID # 0031
Residential Street Address 65 Knights Ct		City Southington		State CT	Zip Code 06489
Principal Occupation EDUCATIONAL CONSULTANT		Name of Employer STATE ED RESOURCE CTR			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$100.00	\$100.00

Last Name CAIRD		First KATRINA		MI	Contribution ID # 0014
Residential Street Address 160 Berlin St		City Southington		State CT	Zip Code 06489
Principal Occupation MANAGEMENT		Name of Employer CARECENTRIX			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$50.00	\$50.00

Last Name HAWKE		First scott		MI	Contribution ID # 0060
Residential Street Address 303 Mulberry St		City Plantsville		State CT	Zip Code 06479
Principal Occupation FIELD SERVICE ENGINEER		Name of Employer thermo fisher scientific			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/05/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name GOMEZ		First JOSEPH		MI	Contribution ID # 0059
Residential Street Address 90 Applegate # 21		City Southington		State CT	Zip Code 06489
Principal Occupation ENGINEER		Name of Employer FASI INC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/06/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MATTHEWS		First NORA		MI	Contribution ID # 0091
Residential Street Address 81 Academy St		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer CREC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/06/2026	Aggregate Contributions \$26.00	\$26.00

Last Name MANGE		First KIM		MI	Contribution ID # 0092
Residential Street Address 124 Northwood Dr		City Middlebury		State CT	Zip Code 06762
Principal Occupation OCUPATIONAL THERAPIST		Name of Employer REG 16 SCHOOL DIST			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/06/2026	Aggregate Contributions \$26.00	\$26.00

Last Name MOSLEY		First SEAN		MI	Contribution ID # 0093
Residential Street Address 134 Haddad Rd		City Waterbury		State CT	Zip Code 06708
Principal Occupation EDUCATOR		Name of Employer CITY OF WATERBURY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/06/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name HOLMES		First JENNYFER		MI	Contribution ID # 0090
Residential Street Address 168 Brittany Farms Unit B		City New Britain		State CT	Zip Code 06053
Principal Occupation SR DEVELOPMENT OFFICER		Name of Employer GREATER HARTFORD GIVES FOUNDATION			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$26.00	\$26.00

Last Name DEPAOLO		First VALERIE		MI	Contribution ID # 0016
Residential Street Address 184 Beechwood Dr		City Southington		State CT	Zip Code 06489
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/08/2026	Aggregate Contributions \$100.00	\$100.00

Last Name GUIDA		First KRISTEN MARIE		MI	Contribution ID # 0024
Residential Street Address 65 Amato Cir		City Southington		State CT	Zip Code 06489
Principal Occupation DIRECTOR OF NURSING		Name of Employer CT STATE CAPITOL			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name BERKMOES		First ROBERT		MI	Contribution ID # 0010
Residential Street Address 25 S Vernondale Dr		City Southington		State CT	Zip Code 06489
Principal Occupation VICE PRESIDENT		Name of Employer JAMES T KAY CO INC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LASKOWSKI		First KATHY		MI	Contribution ID # 0030
Residential Street Address 400 Georgia St		City Blackburg		State VA	Zip Code 24060
Principal Occupation PROJECT MANAGER		Name of Employer VIRGINA TECH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$50.00	\$50.00

Last Name DREW		First JILL		MI	Contribution ID # 0017
Residential Street Address 10 Dakin Rd		City Sharon		State CT	Zip Code 06069
Principal Occupation MANAGER		Name of Employer DREW ASSOCIATES			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name JONES		First COLLEEN		MI	Contribution ID # 0089
Residential Street Address 196 East St		City Wolcott		State CT	Zip Code 06716
Principal Occupation TEACHER		Name of Employer CITY OF NEW HAVEN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/16/2026	Aggregate Contributions \$26.00	\$26.00

Last Name MAZUREK		First JOHN		MI S	Contribution ID # 0006
Residential Street Address 116 Richard Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MAZUREK		First CYNTHIA		MI	Contribution ID # 0007
Residential Street Address 116 Richard Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name HILTON		First LAURIE		MI	Contribution ID # 0029
Residential Street Address 97 Cedar Ridge Rd		City Newington		State CT	Zip Code 06111
Principal Occupation BUSINESS CONSULTANT		Name of Employer THE HARTFORD			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/17/2026	Aggregate Contributions \$50.00	\$50.00

Last Name FELICIANO-ROMAN		First RAFAEL NELSON		MI	Contribution ID # 0021
Residential Street Address 15 Martin St		City Waterbury		State CT	Zip Code 06706
Principal Occupation MGR OF CS & BILLING		Name of Employer TEMPUS AI			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$200.00	\$200.00

Last Name JOHNSON		First PATRICIA		MI	Contribution ID # 0043
Residential Street Address 49 Brookview Pl		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name FLYNN		First JOHN		MI	Contribution ID # 0088
Residential Street Address 123 Southington Ave		City Southington		State CT	Zip Code 06489
Principal Occupation RETAIL		Name of Employer LOWES			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/18/2026	Aggregate Contributions \$26.00	\$26.00

Last Name MACARY		First MICHAEL		MI	Contribution ID # 0087
Residential Street Address 30 Steele Ave		City Wolcott		State CT	Zip Code 06716
Principal Occupation SR MGR DATA PLATFORMS		Name of Employer PRATT & WHITNEY			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$26.00	\$26.00

Last Name HAWTHORNE		First EDWARD		MI	Contribution ID # 0027
Residential Street Address 53 Woodward Dr		City Wolcott		State CT	Zip Code 06716
Principal Occupation PRESIDENT		Name of Employer CT AFL-CIO			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/19/2026	Aggregate Contributions \$100.00	\$100.00

Last Name COWLES		First CALEB		MI	Contribution ID # 0086
Residential Street Address 60 Rouke Ave		City Southington		State CT	Zip Code 06489
Principal Occupation DIRECTOR OF HEALTH		Name of Employer CITY OF NEW BRITAIN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DEANGELO		First ANTHONY		MI	Contribution ID # 0070
Residential Street Address 46 Brookview Pl		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name BROWNE		First CHANTELLE		MI	Contribution ID # 0085
Residential Street Address 115 Ciccolella Ct		City Southington		State CT	Zip Code 06489
Principal Occupation RN		Name of Employer HCC			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$26.00	\$26.00

Last Name BROWNE		First ELIJAH		MI	Contribution ID # 0056
Residential Street Address 115 Ciccolella Ct		City Southington		State CT	Zip Code 06489
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name BROWNE		First ELISE		MI	Contribution ID # 0057
Residential Street Address 115 Ciccolella Ct		City Southington		State CT	Zip Code 06489
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

TYPE OF REPORT

Cheryl Hilton for The 80th

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name BABICZ		First CHRISTINE		MI	Contribution ID # 0058
Residential Street Address 72 Lowery Dr		City Southington		State CT	Zip Code 06489
Principal Occupation INSURANCE AGENT		Name of Employer THE HARTFORD			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name MITCHELL		First PHILIP		MI	Contribution ID # 0084
Residential Street Address 177 Miller Famr Rd		City Plantsville		State CT	Zip Code 06479
Principal Occupation FINANCIAL CONSULTANT		Name of Employer UNITED HEALTHCARE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/22/2026	Aggregate Contributions \$26.00	\$26.00

Last Name CONATY		First PATRICK		MI M	Contribution ID # 0168
Residential Street Address 565 Main St		City Southington		State CT	Zip Code 06489
Principal Occupation COMPUTER TECH		Name of Employer SOUTHINGTON PUBLIC SCHOOLS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$5.00	\$5.00

Last Name WISNER		First LUKAS		MI	Contribution ID # 0055
Residential Street Address 160 Saddlebrook Path		City Southington		State CT	Zip Code 06489
Principal Occupation SITE MANAGER		Name of Employer 2 COYOTES WILDERNESS SCHOOL			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name POULOS		First CHRISTOPHER		MI	Contribution ID # 0078
Residential Street Address 158 Prospect St		City Plantsville		State CT	Zip Code 06479
Principal Occupation TEACHER		Name of Employer JOEL BARLOW HS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$25.00	\$25.00

Last Name SALERNO		First STEPHEN		MI	Contribution ID # 0038
Residential Street Address 40 Stony Creek Rd		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/23/2026	Aggregate Contributions \$50.00	\$50.00

Last Name STROOP		First JENNIFER		MI	Contribution ID # 0040
Residential Street Address 412 W Center St		City Southington		State CT	Zip Code 06489
Principal Occupation GENETIC COUNSELOR		Name of Employer UCONN HEALTH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$200.00	\$200.00

Last Name NEBIOLO		First SAMANTHA		MI	Contribution ID # 0069
Residential Street Address 17 Church St		City Plantsville		State CT	Zip Code 06479
Principal Occupation MIDWIFE		Name of Employer FAIR HAVEN COMM HEALTH CTR			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name MACH		First KRISTINE		MI	Contribution ID # 0067
Residential Street Address 8 Cassidy Dr # 8		City Plainville		State CT	Zip Code 06062
Principal Occupation EXECUTIVE ASSISTANT		Name of Employer UCONN HEALTH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name EDWARDS		First KENDALL		MI	Contribution ID # 0068
Residential Street Address 2102 Mount Vernon Rd		City Southington		State CT	Zip Code 06489
Principal Occupation EDUCATION		Name of Employer YMCA LEARNING CTR			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name GORMAN		First JONATHAN		MI	Contribution ID # 0054
Residential Street Address 160 Berlin St		City Southington		State CT	Zip Code 06489
Principal Occupation ANALYST		Name of Employer UCONN HEALTH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name CATRICALA		First THOMAS		MI	Contribution ID # 0083
Residential Street Address 204 Stonegate Rd		City Southington		State CT	Zip Code 06489
Principal Occupation QUALITY ENGINEER		Name of Employer APTYX			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name KAHN		First ETHAN		MI	Contribution ID # 0080
Residential Street Address 20 Brownstone Dr		City Southington		State CT	Zip Code 06489
Principal Occupation HVAC APPRENTICE		Name of Employer DUCTWORKS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$26.00	\$26.00

Last Name KAHN		First MICHAEL		MI	Contribution ID # 0081
Residential Street Address 20 Brownstone Dr		City Southington		State CT	Zip Code 06489
Principal Occupation POLICE OFFICER		Name of Employer TOWN OF CHESHIRE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$26.00	\$26.00

Last Name KAHN		First JENNIFER		MI	Contribution ID # 0082
Residential Street Address 20 Brownstone Dr		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer HARTFORD BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$26.00	\$26.00

Last Name PRENDERGAST		First DINA		MI	Contribution ID # 0065
Residential Street Address 51 Lowery Dr		City Southington		State CT	Zip Code 06489
Principal Occupation CHANGE MANAGER		Name of Employer CVS HEALTH			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name PRENDERGAST		First TODD		MI	Contribution ID # 0066
Residential Street Address 51 Lowery Dr		City Southington		State CT	Zip Code 06489
Principal Occupation TEACHER		Name of Employer SOUTHINGTON BOE			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name DUMIN		First JOANN		MI	Contribution ID # 0019
Residential Street Address 2 E Lake Dr		City Quaker Hill		State CT	Zip Code 06375
Principal Occupation TEACHER		Name of Employer WATERFORD PUBLIC SCHOOLS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/27/2026	Aggregate Contributions \$250.00	\$250.00

Last Name MAYO		First LYNN		MI	Contribution ID # 0032
Residential Street Address 80 Nosahogan Dr		City Plantsville		State CT	Zip Code 06479
Principal Occupation SR CLIENT MGR		Name of Employer WILLIS PERSONAL LINES LLC-WTW			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$50.00	\$50.00

Last Name MCALLISTER		First BRIAN		MI	Contribution ID # 0079
Residential Street Address 133 Lowery Dr		City Southington		State CT	Zip Code 06489
Principal Occupation SALES		Name of Employer FK BEARING			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$26.00	\$26.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name ROGERS		First ROSEMARY		MI	Contribution ID # 0052
Residential Street Address 88 Hillside Ave		City Plantsville		State CT	Zip Code 06479
Principal Occupation RETIRED		Name of Employer RETIRED			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name GREEN		First BRIANNA		MI	Contribution ID # 0053
Residential Street Address 196 Defashion St		City Plantsville		State CT	Zip Code 06479
Principal Occupation STUDENT		Name of Employer STUDENT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name GREEN		First GAIL		MI R	Contribution ID # 0002
Residential Street Address 196 Defashion St		City Plantsville		State CT	Zip Code 06479
Principal Occupation FINANCIAL ANALYST		Name of Employer CARRIER CORP			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$50.00	\$50.00

Last Name GREEN		First CHARLES		MI E	Contribution ID # 0003
Residential Street Address 196 Defashion St		City Plantsville		State CT	Zip Code 06479
Principal Occupation ATTORNEY		Name of Employer DIV OF PUBLIC DEFENDER SVCS			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/30/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DOHERTY		First KATHERINE		MI	Contribution ID # 0114
Residential Street Address 15 Cascade Rdg		City Southington		State CT	Zip Code 06489
Principal Occupation STUDENT			Name of Employer STUDENT		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$30.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/30/2026	
				Aggregate Contributions \$30.00	

Total of Section B		\$5,761.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)		\$5,761.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Cheryl Hilton for The 80th	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	
Cheryl Hilton for The 80th				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	
Cheryl Hilton for The 80th				July 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE

TYPE OF REPORT

Cheryl Hilton for The 80th

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

Cheryl Hilton for The 80th

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

Cheryl Hilton for The 80th

July 10 Filing - Amendment

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

Purpose of Grant:

Initial

Grant Adjustment

Supplemental/Post Election Deficit

Grant Cycle:

Primary

General Election

Special Election

Date Received

Amount

Total of Section H

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Cheryl Hilton for The 80th				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	
Cheryl Hilton for The 80th				July 10 Filing - Amendment	
J1. Event Information					
Event # Date of Event 06/04/2026	Letter A	Description Cocktail Event			Was this a fundraising event? ☒ Yes ☐ No
Location: Street Address 168 Center St Bldg B			City Southington	State CT	Zip Code 06489
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00
Total of Section J1					\$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Cheryl Hilton for The 80th

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

Cheryl Hilton for The 80th

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

Cheryl Hilton for The 80th

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

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

TYPE OF REPORT

Cheryl Hilton for The 80th

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
Cheryl Hilton for The 80th	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee HARLAND CLARKE		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio		State TX
Zip Code 78256				
Purpose of Expendit BNK	Description BANK CHECK ORDER FEE			Amount \$50.06
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee PAUL GREGORY'S		Date of Payment 06/05/2026	Method of Payment ☒ Check # 102 ☐ Debit Card ☐ EFT	
Street Address 148 Center St		City Southington		State CT
Zip Code 06489				
Purpose of Expendit FNDR *	Description SOLA KARAOKE COCKTAIL PARTY FUNDRAISER			Amount \$480.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 06042026A	

Total of Section N**\$530.06**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Cheryl Hilton for The 80th					July 10 Filing - Amendment	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Cheryl Hilton for The 80th					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	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Cheryl Hilton for The 80th				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)	
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Cheryl Hilton for The 80th

July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

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

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

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

Yes

No

Expenditure #
(if applicable)

Event #

Amount

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

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

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

TYPE OF REPORT

Cheryl Hilton for The 80th

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