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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
ANKERMAN FOR STATE REP	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Theresa		**Meyer**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
18 Thomas St	**Enfield**	**CT**	**06082**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Representative**	**R060**

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

First	MI	Last	Suffix
Chantelle	**D**	**Ankerman**	

9. TYPE OF REPORT

July 10 Filing - Amendment

10. PERIOD COVERED

Beginning Date		Ending Date
04/24/2026	thru	**06/30/2026**

11. CERTIFICATION

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

Electronic Filing	**Theresa Meyer**	**07/28/2026 10:34:10AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
ANKERMAN FOR STATE REP	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)	**$3,080.00**	**$3,080.00**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$100.00**	**$100.00**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$3,180.00**	**$3,180.00**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$3,180.00**	**$3,180.00**
20. Expenses Paid by Committee (Section N)	**$572.47**	**$572.47**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$2,607.53**	**$2,607.53**
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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Ankerman~~	~~Chantelle~~	~~D~~	~~0003~~

Residential Street Address	City	State	Zip Code
~~116 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~05/04/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Durant~~	~~James~~		~~0029~~

Residential Street Address	City	State	Zip Code
~~166 Sunnyfield Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #

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

Date Received: ~~05/11/2026~~

Aggregate Contributions: ~~$5.00~~

Last Name	First	MI	Contribution ID #
~~Panos~~	~~Paul~~	~~J~~	~~0062~~

Residential Street Address	City	State	Zip Code
~~48 Brookview Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #

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

Date Received: ~~05/11/2026~~

Aggregate Contributions: ~~$40.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Fahrbach	Ruth	C	0034

Residential Street Address	City	State	Zip Code
592 Poquonock Ave	Windsor	CT	06095

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 05/11/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Panos	**Paul**	**J**	**0062**

Residential Street Address	City	State	Zip Code
48 Brookview Rd	**Windsor**	**CT**	**06095**

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: **$20.00**

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

If yes, list Event #:

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

Date Received: **05/11/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
~~Eleveld~~	~~Michele~~		~~0031~~

Residential Street Address	City	State	Zip Code
~~880 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~05/12/2026~~

Aggregate Contributions: ~~$5.00~~

Last Name	First	MI	Contribution ID #
~~Eleveld~~	~~Ronald~~		~~0032~~

Residential Street Address	City	State	Zip Code
~~880 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~05/12/2026~~

Aggregate Contributions: ~~$5.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Eleveld-Bartolucci	Analiese		0033

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

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: $200.00

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

If yes, list Event #:

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

Date Received: 05/13/2026

Aggregate Contributions: $200.00

Last Name	First	MI	Contribution ID #
Ankerman	William	L	0002

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

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/13/2026

Aggregate Contributions: $10.00

Last Name	First	MI	Contribution ID #
Garzone	Pamela		0038

Residential Street Address	City	State	Zip Code
625 Palisado Ave Apt 211	Windsor	CT	06095

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/13/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Jackson	Charles Windsor		0046

Residential Street Address	City	State	Zip Code
26 Wilson Ave	Windsor	CT	06095

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 05/13/2026

Aggregate Contributions: $40.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ankerman	**William**	**L**	**0002**

Residential Street Address	City	State	Zip Code
625 Palisado Ave # 316	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/13/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Jackson III	**Charles**	**W**	**0046**

Residential Street Address	City	State	Zip Code
26 Wilson Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Constable & Host	**Arch Street Tavern**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **05/13/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Durant	**James**		**0029**

Residential Street Address	City	State	Zip Code
166 Sunnyfield Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Eleveld	**Michele**		**0031**

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

Principal Occupation	Name of Employer
Executive Assistant	**Voya Inc**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/14/2026**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Eleveld	**Ronald**		**0032**

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

Principal Occupation: **Principal**

Name of Employer: **The Financial Advantage Group**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Sundie	**Bryan**		**0070**

Residential Street Address	City	State	Zip Code
152 Spencer Hill Rd	**Winsted**	**CT**	**06098**

Principal Occupation: **Communications**

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: **$5.00**

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

If yes, list Event #

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

Date Received: **05/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Sundie	**Bryan**		**0071**

Residential Street Address	City	State	Zip Code
152 Spencer Hill Rd	**Winsted**	**CT**	**06098**

Principal Occupation: **Communications**

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: **$5.00**

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

If yes, list Event #

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

Date Received: **05/14/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
~~Bartolucci~~	~~Drew~~		~~0005~~

Residential Street Address	City	State	Zip Code
~~880 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$250.00~~

Is this contribution associated with an event 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: ~~$250.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Chagren~~	~~Patrick~~		~~0015~~

Residential Street Address	City	State	Zip Code
~~PO Box 152~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #:

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

Date Received: ~~05/16/2026~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
~~Madison~~	~~James~~		~~0054~~

Residential Street Address	City	State	Zip Code
~~8 Fitzmaurice Cir~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~05/16/2026~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Durant~~	~~James~~		~~0028~~

Residential Street Address	City	State	Zip Code
~~166 Sunnyfield Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~05/16/2026~~

Aggregate Contributions: ~~$110.00~~

Last Name	First	MI	Contribution ID #
Madison	**James**		**0054**

Residential Street Address	City	State	Zip Code
8 Fitzmaurice Cir	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Data Engineer	**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: **$5.00**

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

If yes, list Event #:

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

Date Received: **05/16/2026**

Aggregate Contributions: **$5.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Chagren	**Patrick**		**0015**

Residential Street Address	City	State	Zip Code
PO Box 152	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Law Enforcement	**Retired**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **05/16/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Zepperi	**Anthony**		**0080**

Residential Street Address	City	State	Zip Code
347 Rood Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Deli/Bakery Team Associate	**Walmart**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/17/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
~~Bosch~~	~~Brian~~		~~0010~~

Residential Street Address	City	State	Zip Code
~~34 Buckland Way~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #

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

Date Received: ~~05/17/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
Garzone	**Domenick**		**0072**

Residential Street Address	City	State	Zip Code
17292 Balboa Point Way	**Boca Raton**	**FL**	**33487**

Principal Occupation	Name of Employer
Owner	**Lighthouse Strategic Management Consultants LLC**

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

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

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

Amount of Contribution: **$340.00**

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

If yes, list Event #

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

Date Received: **05/18/2026**

Aggregate Contributions: **$340.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Eleveld-Bartolucci	**Analiese**		**0033**

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

Principal Occupation	Name of Employer
Hair Dresser	**Milano Day Spa**

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

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

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

Amount of Contribution: **$200.00**

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

If yes, list Event #

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

Date Received: **05/18/2026**

Aggregate Contributions: **$200.00**

Last Name	First	MI	Contribution ID #
Garzone	**Pamela**		**0038**

Residential Street Address	City	State	Zip Code
625 Palisado Ave Apt 211	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**None**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **05/18/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
Bartolucci	**Drew**		**0005**

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

Principal Occupation	Name of Employer
Sales Manager	**Orvis 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: **$250.00**

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

If yes, list Event #

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

Date Received: **05/18/2026**

Aggregate Contributions: **$250.00**

Last Name	First	MI	Contribution ID #
Van Gieson	**Lacinda**	**I**	**0081**

Residential Street Address	City	State	Zip Code
70 Grove St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **05/19/2026**

Aggregate Contributions: **$20.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Zepperi	**Joseph**	**R**	**0073**

Residential Street Address	City	State	Zip Code
347 Rood Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Kellogg	**Mark**	**D**	**0051**

Residential Street Address	City	State	Zip Code
49 Midland Rd	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Rasmussen	**Tracy**	**A**	**0066**

Residential Street Address	City	State	Zip Code
453 Halfway House Rd	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Bosch	**Brian**		**0010**

Residential Street Address	City	State	Zip Code
34 Buckland Way	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
IT Manager	**Pfizer**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cannon III	**James**	**E**	**0014**

Residential Street Address	City	State	Zip Code
145 Elm St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Para	**Windsor Locks 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: **$10.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Gilhooly	**Patrick**		**0039**

Residential Street Address	City	State	Zip Code
191 Elm St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Tax Clerk	**Town of Windsor Locks**

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

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

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

Amount of Contribution: **$60.00**

Is this contribution associated with an event 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: **$60.00**

Last Name	First	MI	Contribution ID #
Graziani	**Regina**	**C**	**0042**

Residential Street Address	City	State	Zip Code
423 Reed Ave	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Attorney	**University of Hartford**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Dowling	**Grace**		**0027**

Residential Street Address	City	State	Zip Code
423 Reed Ave	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Student	**Student**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Durant	**James**		**0028**

Residential Street Address	City	State	Zip Code
166 Sunnyfield Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **05/20/2026**

Aggregate Contributions: **$105.00**

Last Name	First	MI	Contribution ID #
~~Cannon~~	~~James~~	~~E~~	~~0014~~

Residential Street Address	City	State	Zip Code
~~145 Elm St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$10.00~~

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

If yes, list Event #

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$20.00~~

Last Name	First	MI	Contribution ID #
~~Dowling~~	~~Grace~~		~~0027~~

Residential Street Address	City	State	Zip Code
~~423 Reed Ave~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Gilhooly~~	~~Patrick~~		~~0039~~

Residential Street Address	City	State	Zip Code
~~191 Elm St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$60.00~~

Is this contribution associated with an event 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: ~~$120.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Graziani~~	~~Regina~~	~~C~~	~~0042~~

Residential Street Address	City	State	Zip Code
~~423 Reed Ave~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Kellogg~~	~~Mark~~	~~D~~	~~0051~~

Residential Street Address	City	State	Zip Code
~~49 Midland Rd~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #:

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
~~Quagliaroli~~	~~Lori~~		~~0065~~

Residential Street Address	City	State	Zip Code
~~4 Norman Ave~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$25.00~~

Last Name	First	MI	Contribution ID #
~~Rasmussen~~	~~Tracy~~	~~A~~	~~0066~~

Residential Street Address	City	State	Zip Code
~~453 Halfway House Rd~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Leclair~~	~~Laura~~		~~0053~~

Residential Street Address	City	State	Zip Code
~~150 Godek Hill Rd~~	~~Meriden~~	~~CT~~	~~06451~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~05/20/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Pelkey~~	~~William~~		~~0063~~

Residential Street Address	City	State	Zip Code
~~133 Portman St~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Panos~~	~~Denise~~	~~P~~	~~0061~~

Residential Street Address	City	State	Zip Code
~~48 Brookview Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$20.00~~

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$40.00~~

Last Name	First	MI	Contribution ID #
~~Jones~~	~~Coralee~~	~~A~~	~~0048~~

Residential Street Address	City	State	Zip Code
~~1171 Matianuck Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Jusczcynski~~	~~Jennifer~~	~~L~~	~~0049~~

Residential Street Address	City	State	Zip Code
~~41 Leslie St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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: ~~$20.00~~

~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Jusczcynski~~	~~Peter~~	~~F~~	~~0050~~

Residential Street Address	City	State	Zip Code
~~41 Leslie St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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: ~~$80.00~~

~~$40.00~~

Last Name	First	MI	Contribution ID #
~~Halek~~	~~Jeremy~~		~~0044~~

Residential Street Address	City	State	Zip Code
~~1890 Poquonock Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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: ~~$20.00~~

~~$20.00~~

Last Name	First	MI	Contribution ID #
~~Foote~~	~~Chris~~		~~0036~~

Residential Street Address	City	State	Zip Code
~~23 Apple Tree Ln~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$100.00~~

~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Christianson~~	~~Kylee~~		~~0016~~

Residential Street Address	City	State	Zip Code
~~103 Michelle Dr~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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	First	MI	Contribution ID #
~~Ciarcia~~	~~Allyson~~	~~C~~	~~0017~~

Residential Street Address	City	State	Zip Code
~~15 Meg Way~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$10.00~~

~~$5.00~~

Last Name	First	MI	Contribution ID #
~~Ciarcia~~	~~Carrie~~	~~A~~	~~0018~~

Residential Street Address	City	State	Zip Code
~~15 Meg Way~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$10.00~~

~~$5.00~~

Last Name	First	MI	Contribution ID #
~~Ciarcia~~	~~Michael~~	~~S~~	~~0019~~

Residential Street Address	City	State	Zip Code
~~15 Meg Way~~	~~Windsor Locks~~	~~CT~~	~~06069~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/21/2026~~

Aggregate Contributions: ~~$100.00~~

~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ciarcia	Allyson	C	0017

Residential Street Address	City	State	Zip Code
15 Meg Way	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Student	Student

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ciarcia	Carrie	A	0018

Residential Street Address	City	State	Zip Code
15 Meg Way	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Concierge	Everbrook Sr. Living

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $5.00

Last Name	First	MI	Contribution ID #
Ciarcia	Michael	S	0019

Residential Street Address	City	State	Zip Code
15 Meg Way	Windsor Locks	CT	06069

Principal Occupation	Name of Employer
Real Estate	Ciarcia Property Management

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

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

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

Amount of Contribution: $50.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Panos	Denise	P	0061

Residential Street Address	City	State	Zip Code
48 Brookview Rd	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 05/21/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jones	**Coralee**	**A**	**0048**

Residential Street Address	City	State	Zip Code
1171 Matianuck Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **05/21/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Jusczcynski	**Jennifer**	**L**	**0049**

Residential Street Address	City	State	Zip Code
41 Leslie St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Registrar of Voters	**Town of Windsor Locks**

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

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

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

Amount of Contribution: **$10.00**

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

If yes, list Event #

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

Date Received: **05/21/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Jusczcynski	**Peter**	**F**	**0050**

Residential Street Address	City	State	Zip Code
41 Leslie St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Tax Collector	**Town of Windsor Locks**

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

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

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

Amount of Contribution: **$40.00**

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

If yes, list Event #

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

Date Received: **05/21/2026**

Aggregate Contributions: **$40.00**

Last Name	First	MI	Contribution ID #
Weigert	**Norman**	**L**	**0082**

Residential Street Address	City	State	Zip Code
8 Olive St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Special Edu Para	**Enfield Public Schools**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **05/21/2026**

Aggregate Contributions: **$25.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Tomaski	Nicole		0083

Residential Street Address	City	State	Zip Code
287 Mary Webb Rd	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Accountant	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: $25.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Leclair	Laura		0053

Residential Street Address	City	State	Zip Code
150 Godek Hill Rd	Meriden	CT	06451

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Quagliaroli	Lori		0065

Residential Street Address	City	State	Zip Code
4 Norman Ave	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Arnold	Diane	K	0004

Residential Street Address	City	State	Zip Code
625 Palisado Ave # 317	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #

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

Date Received: 05/22/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Arnold~~	~~Diane~~	~~K~~	~~0004~~

Residential Street Address	City	State	Zip Code
~~625 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an event 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: ~~$40.00~~

~~$20.00~~

Last Name	First	MI	Contribution ID #
~~Alexander~~	~~Linda~~		~~0001~~

Residential Street Address	City	State	Zip Code
~~155 Fieldstone Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/25/2026~~

Aggregate Contributions: ~~$50.00~~

~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Coffin~~	~~Janette~~		~~0020~~

Residential Street Address	City	State	Zip Code
~~35 Hobson Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation: ~~Retire~~

Name of Employer: ~~Retire~~

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/26/2026~~

Aggregate Contributions: ~~$15.00~~

~~$15.00~~

Last Name	First	MI	Contribution ID #
~~Jedziniak~~	~~Kerry~~	~~A~~	~~0047~~

Residential Street Address	City	State	Zip Code
~~1171 Matianuck Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~05/26/2026~~

Aggregate Contributions: ~~$40.00~~

~~$20.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Jedziniak	Kerry	A	0047

Residential Street Address	City	State	Zip Code
1171 Matianuck Ave	Windsor	CT	06095

Principal Occupation	Name of Employer
N/A	Retired

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

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

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

Amount of Contribution: $20.00

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

If yes, list Event #:

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

Date Received: 05/26/2026

Aggregate Contributions: $20.00

Last Name	First	MI	Contribution ID #
Foote	Chris		0036

Residential Street Address	City	State	Zip Code
23 Apple Tree Ln	Windsor	CT	06095

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Christianson	Kylee		0016

Residential Street Address	City	State	Zip Code
103 Michelle Dr	Windsor Locks	CT	06096

Principal Occupation	Name of Employer
Sales	Microsoft

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Pelkey	William		0063

Residential Street Address	City	State	Zip Code
133 Portman St	Windsor	CT	06095

Principal Occupation	Name of Employer
Quality Engineer	Jet Industries

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 05/27/2026

Aggregate Contributions: $100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Halek	**Jeremy**		**0044**

Residential Street Address	City	State	Zip Code
1890 Poquonock Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Judicial Marshal	**State of CT Judicial Branch**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **05/27/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Coffin	**Janette**		**0020**

Residential Street Address	City	State	Zip Code
35 Hobson Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retire	**Retire**

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

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

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

Amount of Contribution: **$15.00**

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

If yes, list Event #

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

Date Received: **05/28/2026**

Aggregate Contributions: **$15.00**

Last Name	First	MI	Contribution ID #
Alexander	**Linda**		**0001**

Residential Street Address	City	State	Zip Code
155 Fieldstone Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **05/28/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
~~Malloy~~	~~Marie~~		~~0056~~

Residential Street Address	City	State	Zip Code
~~179 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$50.00~~

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

If yes, list Event #

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

Date Received: ~~05/29/2026~~

Aggregate Contributions: ~~$50.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Malloy~~	~~Gregory~~		~~0055~~

Residential Street Address	City	State	Zip Code
~~179 Palisado Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~05/30/2026~~

Aggregate Contributions: ~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Davis~~	~~Maxine~~		~~0026~~

Residential Street Address	City	State	Zip Code
~~11 Valley View Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~05/31/2026~~

Aggregate Contributions: ~~$25.00~~

Last Name	First	MI	Contribution ID #
~~Crochetiere~~	~~Robert~~	~~E~~	~~0022~~

Residential Street Address	City	State	Zip Code
~~34 Ross Way~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~06/01/2026~~

Aggregate Contributions: ~~$50.00~~

Last Name	First	MI	Contribution ID #
~~Ratcliffe~~	~~Judith~~	~~A~~	~~0068~~

Residential Street Address	City	State	Zip Code
~~10 Alberto St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$10.00~~

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

If yes, list Event #:

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

Date Received: ~~06/01/2026~~

Aggregate Contributions: ~~$20.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Crochetiere	**Robert**	**E**	**0022**

Residential Street Address	City	State	Zip Code
34 Ross Way	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Structural Engineer	**Self**

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/01/2026	**$25.00**	**$25.00**

Last Name	First	MI	Contribution ID #
Ratcliffe	**Judith**	**A**	**0068**

Residential Street Address	City	State	Zip Code
10 Alberto St	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/01/2026	**$10.00**	**$10.00**

Last Name	First	MI	Contribution ID #
Malloy	**Gregory**		**0055**

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

Principal Occupation	Name of Employer
President and CEO	**International Transfer Services Inc**

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/03/2026	**$100.00**	**$100.00**

Last Name	First	MI	Contribution ID #
Malloy	**Marie**		**0056**

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

Principal Occupation	Name of Employer
Retired	**None**

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

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

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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
06/03/2026	**$50.00**	**$50.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Curlew	**William**	**D**	**0023**

Residential Street Address	City	State	Zip Code
60 Basswood Rd	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$10.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
Cutter	**Richard**	**H**	**0024**

Residential Street Address	City	State	Zip Code
3 Patty Ln	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Davis	**Maxine**		**0026**

Residential Street Address	City	State	Zip Code
11 Valley View Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
RN	**The Loomis Chaffee 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: **$25.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
Bowie	**Kenneth**	**J**	**0011**

Residential Street Address	City	State	Zip Code
40 Circle Dr	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Butler	**John**	**F**	**0012**

Residential Street Address	City	State	Zip Code
35 Cacler Dr	**Windsor Locks**	**CT**	**06096**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Gron	**Michele**	**G**	**0043**

Residential Street Address	City	State	Zip Code
24 Sunnyfield Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Engineer	**Cummino**

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

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

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

Amount of Contribution: **$40.00**

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

If yes, list Event #

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

Date Received: **06/03/2026**

Aggregate Contributions: **$40.00**

Last Name	First	MI	Contribution ID #
~~Gron~~	~~Michele~~	~~G~~	~~0043~~

Residential Street Address	City	State	Zip Code
~~24 Sunnyfield Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$40.00~~

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

If yes, list Event #

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$80.00~~

Last Name	First	MI	Contribution ID #
~~Curlew~~	~~William~~	~~D~~	~~0023~~

Residential Street Address	City	State	Zip Code
~~60 Basswood Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$10.00~~

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

If yes, list Event #

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$20.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Cutter~~	~~Richard~~	~~H~~	~~0024~~

Residential Street Address	City	State	Zip Code
~~3 Patty Ln~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Bowie~~	~~Kenneth~~	~~J~~	~~0011~~

Residential Street Address	City	State	Zip Code
~~40 Circle Dr~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$200.00~~

Last Name	First	MI	Contribution ID #
~~Butler~~	~~John~~	~~F~~	~~0012~~

Residential Street Address	City	State	Zip Code
~~35 Cacler Dr~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #:

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Biernacki~~	~~Michael~~		~~0008~~

Residential Street Address	City	State	Zip Code
~~5 Drummer Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$10.00~~

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

If yes, list Event #:

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

Date Received: ~~06/03/2026~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Biernacki~~	~~Shelly~~		~~0007~~

Residential Street Address	City	State	Zip Code
~~5 Drummer Dr~~	~~Windsor~~	~~WI~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: ~~$10.00~~

~~$10.00~~

Last Name	First	MI	Contribution ID #
~~Ratcliffe~~	~~John~~	~~P~~	~~0067~~

Residential Street Address	City	State	Zip Code
~~10 Alberta St~~	~~Windsor Locks~~	~~CT~~	~~06096~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an 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~~

~~$50.00~~

Last Name	First	MI	Contribution ID #
Biernacki	**Michael**		**0008**

Residential Street Address	City	State	Zip Code
5 Drummer Dr	**Windsor**	**CT**	**06095**

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: **$10.00**

$10.00

Last Name	First	MI	Contribution ID #
Ratcliffe	**John**	**P**	**0067**

Residential Street Address	City	State	Zip Code
10 Alberta St	**Windsor Locks**	**CT**	**06096**

Principal Occupation: **Merchandising Supervisor**

Name of Employer: **Cavicchio Green Houses**

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: **$50.00**

$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Virgo-Christie	**Victoria**		**0074**

Residential Street Address	City	State	Zip Code
86 E Wolcott Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Registrar	**Town of Windsor**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **06/10/2026**

Aggregate Contributions: **$25.00**

Last Name	First	MI	Contribution ID #
~~Garzone~~	~~Franco~~		~~0037~~

Residential Street Address	City	State	Zip Code
~~40 Moreland Ave~~	~~Oakville~~	~~CT~~	~~06779~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$5.00~~

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

If yes, list Event #

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

Date Received: ~~06/10/2026~~

Aggregate Contributions: ~~$5.00~~

Last Name	First	MI	Contribution ID #
Biernacki	**Shelly**		**0007**

Residential Street Address	City	State	Zip Code
5 Drummer Dr	**Windsor**	**WI**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$10.00**

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

If yes, list Event #

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

Date Received: **06/11/2026**

Aggregate Contributions: **$10.00**

Last Name	First	MI	Contribution ID #
~~Mulder~~	~~Terry A~~		~~0060~~

Residential Street Address	City	State	Zip Code
~~82 Grande Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~06/13/2026~~

Aggregate Contributions: ~~$100.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Plummer~~	~~Charlotte~~		~~0064~~

Residential Street Address	City	State	Zip Code
~~230 Elm St~~	~~Windsor Locks~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

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

If yes, list Event #:

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

Date Received: ~~06/14/2026~~

Aggregate Contributions: ~~$40.00~~

~~$20.00~~

Last Name	First	MI	Contribution ID #
Plummer	**Charlotte**		**0064**

Residential Street Address	City	State	Zip Code
230 Elm St	**Windsor Locks**	**CT**	**06095**

Principal Occupation: **Retired**

Name of Employer: **None**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #:

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

Date Received: **06/14/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
Garzone	**Franco**		**0037**

Residential Street Address	City	State	Zip Code
40 Moreland Ave	**Oakville**	**CT**	**06779**

Principal Occupation: **Secondary Math Teacher**

Name of Employer: **CTECS**

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

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

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

Amount of Contribution: **$5.00**

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

If yes, list Event #:

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

Date Received: **06/15/2026**

Aggregate Contributions: **$5.00**

Last Name	First	MI	Contribution ID #
Mulder	**Terry A**		**0060**

Residential Street Address	City	State	Zip Code
82 Grande Ave	**Windsor**	**CT**	**06095**

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: **$100.00**

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

If yes, list Event #:

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

Date Received: **06/17/2026**

Aggregate Contributions: **$100.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Ankerman	**John**		**0075**

Residential Street Address	City	State	Zip Code
219 Dorwin Rd	**West Milton**	**OH**	**45383**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$50.00**

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

If yes, list Event #

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

Date Received: **06/18/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Zepperi	**Joseph**		**0076**

Residential Street Address	City	State	Zip Code
347 Rood Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$25.00**

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

If yes, list Event #

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

Date Received: **06/18/2026**

Aggregate Contributions: **$50.00**

Last Name	First	MI	Contribution ID #
Fahrbach	**Ruth**	**C**	**0035**

Residential Street Address	City	State	Zip Code
592 Poquonock Ave	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **06/18/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~Mulder~~	~~Janine~~		~~0059~~

Residential Street Address	City	State	Zip Code
~~112 Grove St~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$10.00~~

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

If yes, list Event #

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

Date Received: ~~06/18/2026~~

Aggregate Contributions: ~~$10.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Fahrbach~~	~~Ruth~~		~~0035~~

Residential Street Address	City	State	Zip Code
~~592 Poquonock Ave~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an 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~~

~~$100.00~~

Last Name	First	MI	Contribution ID #
~~Beatrice~~	~~Teresa~~		~~0006~~

Residential Street Address	City	State	Zip Code
~~14 Parkwood Dr~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: ~~$20.00~~

~~$20.00~~

Last Name	First	MI	Contribution ID #
Vannelli	**Michele**	**E**	**0077**

Residential Street Address	City	State	Zip Code
1152 Poquonock Ave	**Windsor**	**CT**	**06095**

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: **06/22/2026**

Aggregate Contributions: **$5.00**

$5.00

Last Name	First	MI	Contribution ID #
Mulder	**Janine**		**0059**

Residential Street Address	City	State	Zip Code
112 Grove St	**Windsor**	**CT**	**06095**

Principal Occupation: **Export Control Officer**

Name of Employer: **GKN Aerospace**

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: **$10.00**

$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beatrice	**Teresa**		**0006**

Residential Street Address	City	State	Zip Code
14 Parkwood Dr	**Windsor**	**CT**	**06095**

Principal Occupation	Name of Employer
Retired	**Retired**

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

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

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

Amount of Contribution: **$20.00**

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

If yes, list Event #

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

Date Received: **06/23/2026**

Aggregate Contributions: **$20.00**

Last Name	First	MI	Contribution ID #
LeClair-French	**Faye**		**0078**

Residential Street Address	City	State	Zip Code
849 N 10th St	**Manitowoc**	**WI**	**54220**

Principal Occupation	Name of Employer
Retired	**N/A**

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

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

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

Amount of Contribution: **$100.00**

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

If yes, list Event #

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

Date Received: **06/24/2026**

Aggregate Contributions: **$100.00**

Last Name	First	MI	Contribution ID #
~~**Collins**~~	~~**Reuben**~~		~~**0021**~~

Residential Street Address	City	State	Zip Code
~~**51 Brookview Rd**~~	~~**Windsor**~~	~~**CT**~~	~~**06095**~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~**$25.00**~~

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

If yes, list Event #

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

Date Received: ~~**06/26/2026**~~

Aggregate Contributions: ~~**$0.00**~~

Last Name	First	MI	Contribution ID #
~~**Mulder**~~	~~**Jeremy**~~		~~**0058**~~

Residential Street Address	City	State	Zip Code
~~**94 Basswood Rd**~~	~~**Windsor**~~	~~**CT**~~	~~**06095**~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~**$25.00**~~

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

If yes, list Event #

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

Date Received: ~~**06/26/2026**~~

Aggregate Contributions: ~~**$0.00**~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Gravel~~	~~Jennifer~~		~~0041~~

Residential Street Address	City	State	Zip Code
~~75 Pebblebrook~~	~~Windsor~~	~~CT~~	~~06095~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution:

Is this contribution associated with an 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: ~~$0.00~~

Amount of Contribution: ~~$5.00~~

Last Name	First	MI	Contribution ID #
O'Boyle	James	P	0084

Residential Street Address	City	State	Zip Code
625 Palisado Ave # 202	Windsor	CT	06095

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $25.00

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

If yes, list Event #:

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

Date Received: 06/27/2026

Aggregate Contributions: $25.00

Last Name	First	MI	Contribution ID #
Turner	Mary Ann		0079

Residential Street Address	City	State	Zip Code
7 Meadow Rd	Enfield	CT	06082

Principal Occupation: Retired

Name of Employer: Retired

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

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

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

Amount of Contribution: $100.00

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

If yes, list Event #:

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

Date Received: 06/29/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
~~Gousse~~	~~Dean~~		~~0040~~

Residential Street Address	City	State	Zip Code
~~151 Spring St~~	~~Enfield~~	~~CT~~	~~06082~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Hendrickson~~	~~Robert~~		~~0045~~

Residential Street Address	City	State	Zip Code
~~23 Harvest Rd~~	~~Enfield~~	~~CT~~	~~06082~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Kissel~~	~~John~~		~~0052~~

Residential Street Address	City	State	Zip Code
~~16 Frew Ter~~	~~Enfield~~	~~CT~~	~~06082~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #:

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Manusky~~	~~Anne~~		~~0057~~

Residential Street Address	City	State	Zip Code
~~20 Morning Glory Dr~~	~~Easton~~	~~CT~~	~~06612~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$15.00~~

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

If yes, list Event #:

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Ross-Zweig~~	~~Cynthia~~		~~0069~~

Residential Street Address	City	State	Zip Code
~~16 Woodridge Ln~~	~~New Fairfield~~	~~CT~~	~~06812~~

Principal Occupation:

Name of Employer:

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #:

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): ANKERMAN FOR STATE REP

TYPE OF REPORT: July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
~~Caggiano~~	~~Jeffrey~~		~~0013~~

Residential Street Address	City	State	Zip Code
~~100 N Main St # 306~~	~~Bristol~~	~~CT~~	~~06010~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~BOLTON~~	~~JOHN~~		~~0009~~

Residential Street Address	City	State	Zip Code
~~360 Fairfield Ave~~	~~Bridgeport~~	~~CT~~	~~06096~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$200.00~~

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

If yes, list Event #

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Eiler~~	~~Joanne~~		~~0030~~

Residential Street Address	City	State	Zip Code
~~36 Bunny Ln~~	~~Brooklyn~~	~~NY~~	~~06234~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$25.00~~

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

If yes, list Event #

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Last Name	First	MI	Contribution ID #
~~Dadakis~~	~~Ed~~		~~0025~~

Residential Street Address	City	State	Zip Code
~~81 Mallard Dr~~	~~Greenwich~~	~~CT~~	~~06830~~

Principal Occupation	Name of Employer

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

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

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

Amount of Contribution: ~~$100.00~~

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

If yes, list Event #

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

Date Received: ~~06/30/2026~~

Aggregate Contributions: ~~$0.00~~

Total of Section B	**$3,080.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$3,080.00**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)				**Amount Received**
Street Address	City	Stat	Zip Code	
			Total of Section D	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

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

Date of Receipt	Method of Payment	Amount
05/04/2026	☐ Cash ☒ Personal Check ☐ Credit/Debit Card	**$100.00**
	Total of Section E	**$100.00**

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
	Total of Section H		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

J1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No

Location: Street Address	City	State	Zip Code

Was this event hosted at a personal residence?	Yes / No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	Yes / No	(If yes, enter Total Receipts here.)

Total of Section J1	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			

Street Address	City	State	Zip Code

Donation Given by: Individual / Business Entity / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

K. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event#	Description of In-Kind Contribution		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative		Fair Market Value of this Contribution
Type of Contributor: Individual Committee Sole Proprietorship	Date Received	Aggregate contributions	

Total of Section K	

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee: Anedot, Inc.
Date of Payment: 05/31/2026
Method of Payment: [ ] Check # [ ] Debit Card [X] EFT
Street Address: 1201 W Peachtree St NW Ste 2625
City: Atlanta
State: GA
Zip Code: 30308-3499
Purpose of Expendit: BNK
Description: Anedot Fees - May 2026
Amount: $74.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Jessica Rocca
Date of Payment: 06/02/2026
Method of Payment: [X] Check # 90 [ ] Debit Card [ ] EFT
Street Address: 951 Rainbow Rd
City: Windsor
State: CT
Zip Code: 06095
Purpose of Expendit: PRNT
Description: Canpaign photos by J. Lynn Photos Inv 2026-001 (1/2 pmt)
Amount: $175.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Jessica Rocca
Date of Payment: 06/02/2026
Method of Payment: [X] Check # 1001 [ ] Debit Card [ ] EFT
Street Address: 951 Rainbow Rd
City: Windsor
State: CT
Zip Code: 06095
Purpose of Expendit: PRNT
Description: Campaign photos by J. Lynn Photos Inv 2026-001 (1/2 pmt)
Amount: $175.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Jessica Rocca~~	~~06/02/2026~~	[x] Check # ~~90~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~951 Rainbow Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Purpose of Expendit	Description	Amount
~~PRNT~~	~~Canpaign photos by Jessica Rocca~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$175.00~~

Name of Payee	Date of Payment	Method of Payment
~~Jessica Rocco~~	~~06/02/2026~~	[x] Check # ~~1001~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~951 Rainbow Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Purpose of Expendit	Description	Amount
~~PRNT~~	~~Campaign photos bt Jessica Rocco~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$175.00~~

Name of Payee	Date of Payment	Method of Payment
AMAZON MKTPL	06/10/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
440 Terry Ave N	Seattle	WA	98109

Purpose of Expendit	Description	Amount
OFFICE	Check Deposit Stamp	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$18.07

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Jessica Rocca~~	~~06/14/2026~~	[X] Check # ~~1003~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~951 Rainbow Rd~~	~~Windsor~~	~~CT~~	~~06095~~

Purpose of Expendit	Description	Amount
~~PRNT~~	~~Campaign photos by Jess Rocca~~	~~$100.00~~

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
J. Lynn Photos	**06/14/2026**	[X] Check # **1003** [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
951 Rainbow Rd	**Windsor**	**CT**	**06095**

Purpose of Expendit	Description	Amount
PRNT	**Campaign photos by Jess Rocca Inv# 2026-002**	**$100.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Anedot, Inc.	**06/30/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1201 W Peachtree St NW Ste 2625	**Atlanta**	**GA**	**30308-3499**

Purpose of Expendit	Description	Amount
BNK	**Anedot Fees - Jun 2026**	**$22.00**

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Windsor Federal Bank	**06/30/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
270 Broad St	**Windsor**	**CT**	**06095**

Purpose of Expendit	Description	Amount
BNK	**Bank Fees - Jun 2026**	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			**$7.50**

Name of Payee	Date of Payment	Method of Payment
~~Anedot, Inc.~~	~~06/30/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~1201 W Peachtree St NW Ste 2625~~	~~Atlanta~~	~~GA~~	~~30308-3499~~

Purpose of Expendit	Description	Amount
~~BNK~~	~~Anedot Fees~~	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N			~~$145.90~~

Total of Section N	**$572.47**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	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
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

P. Expenses Incurred on Committee Credit Card

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

Total of Section P

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	July 10 Filing - Amendment

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description		Amount Incurred (Estimate or Actual)	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #		

Total of Section Q	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	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. If yes, assign an Expenditure # and completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount

Total of Section R	

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
ANKERMAN FOR STATE REP	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