

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

Revised February 2015



Electronic Filing

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Page 1 of 30

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Rojas 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Jeff		MI	Last Currey		Suffix
4. TREASURER ADDRESS					
Street Address 50 McKee St		City East Hartford		State CT	Zip Code 06108
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)			7. DISTRICT NUMBER (if applicable)
11/03/2026		State Representative			R009
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Jason		MI	Last Rojas		Suffix
9. TYPE OF REPORT					
July 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date					
04/01/2026 thru 06/30/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing		Jeff Currey		08/11/2026 10:08:58AM	
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	
Rojas 2026	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$5,838.97	
14. Contributions received from Individuals (Section A and B)	\$745.00	\$7,734.32
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.03	\$0.03
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)	\$745.03	\$7,734.35
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,584.00	\$7,734.35
20. Expenses Paid by Committee (Section N)	\$1,205.75	\$2,356.10
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$5,378.25	\$5,378.25
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)	\$1.00	\$1.00
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	
Rojas 2026		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 Rojas		First Stella		MI G	Contribution ID # 0183
Residential Street Address 169 Langford Ln		City East Hartford		State CT	Zip Code 06118
Principal Occupation Student		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 04/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Camejo		First Denise		MI J	Contribution ID # 0182
Residential Street Address 349 Brewer St		City East Hartford		State CT	Zip Code 06118
Principal Occupation Maintainer		Name of Employer CT State - Asnuntuk			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Kozin		First Jacqueline		MI 	Contribution ID # 0215
Residential Street Address 235 E River Dr # 202		City East Hartford		State CT	Zip Code 06108
Principal Occupation		Name of Employer Self Employed - J. Ko Consulting			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/20/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Moriarty		First Moriah		MI	Contribution ID # 0217
Residential Street Address 1644 Main St		City East Hartford		State CT	Zip Code 06108
Principal Occupation Elections Officer		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/20/2026	Aggregate Contributions \$25.00	\$20.00

Last Name Thompson		First Dan		MI	Contribution ID # 0218
Residential Street Address 1 Strawberry Ln		City East Hartford		State CT	Zip Code 06118
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/21/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Currey		First Donald		MI	Contribution ID # 0214
Residential Street Address 14 Martin Cir		City East Hartford		State CT	Zip Code 06118
Principal Occupation Retired		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/22/2026	Aggregate Contributions \$340.00	\$240.00

Last Name Kehoe		First Donna		MI	Contribution ID # 0216
Residential Street Address 8 Knollwood Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$30.00	\$30.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Kehoe		First Richard		MI	Contribution ID # 0219
Residential Street Address 8 Knollwood Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation State Director		Name of Employer Office of Sen. Richard Blumenthal			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/27/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Kehoe		First Dolores		MI R	Contribution ID # 0220
Residential Street Address 35 Bancroft Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/29/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Gold		First Lisa		MI	Contribution ID # 0188
Residential Street Address 31 High St Apt 11205		City East Hartford		State CT	Zip Code 06118
Principal Occupation Marketing Coordinator		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 05/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Moreland		First Kristin		MI	Contribution ID # 0189
Residential Street Address 28 Northbrook Ct		City East Hartford		State CT	Zip Code 06108
Principal Occupation Advisor		Name of Employer CT State - Capital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Green-Lespier		First Haylee		MI	Contribution ID # 0190
Residential Street Address 14 Melrose St		City East Hartford		State CT	Zip Code 06108
Principal Occupation Executive Assistant		Name of Employer City 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Salemi		First Kathleen		MI	Contribution ID # 0184
Residential Street Address 17 Pheasant Ln		City East Hartford		State CT	Zip Code 06108
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 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gold		First Lisa		MI	Contribution ID # 0185
Residential Street Address 31 High St Apt 11205		City East Hartford		State CT	Zip Code 06118
Principal Occupation Marketing Coordinator		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 05/20/2026	Aggregate Contributions \$0.00-	\$5.00-

Last Name Moreland		First Kristin		MI	Contribution ID # 0186
Residential Street Address 28 Northbrook Ct		City East Hartford		State CT	Zip Code 06108
Principal Occupation Advisor		Name of Employer Ct State Capital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event 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 \$0.00-	\$5.00-

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Green-Lespier		First Haylee		MI	Contribution ID # 0187
Residential Street Address 14 Melrose St		City East Hartford		State CT	Zip Code 06108
Principal Occupation Executive Assistant		Name of Employer City 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	
Is this contribution associated with an event 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 \$0.00-	\$5.00-

Last Name Heckman		First James		MI	Contribution ID # 0191
Residential Street Address 42 Forest St		City Unionville		State CT	Zip Code 06085
Principal Occupation General Counsel		Name of Employer CT Realtors			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Andrews		First Diane		MI	Contribution ID # 0192
Residential Street Address 173 Langford Ln		City East Hartford		State CT	Zip Code 06118
Principal Occupation Lawyer		Name of Employer Otis Elevator Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/11/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Perez		First Mileidy		MI	Contribution ID # 0193
Residential Street Address 724 Brewer St		City East Hartford		State CT	Zip Code 06118
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 06/11/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Paredes		First Monica Vazquez		MI	Contribution ID # 0194
Residential Street Address 41 Salem Rd		City East Hartford		State CT	Zip Code 06118
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 06/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DeCampos		First Sandra		MI	Contribution ID # 0195
Residential Street Address 691 N Main St		City Manchester		State CT	Zip Code 06042
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 06/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Apel		First Jayne		MI	Contribution ID # 0196
Residential Street Address 136 Langford Ln		City East Hartford		State CT	Zip Code 06118
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 06/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gosselin		First Jennifer		MI	Contribution ID # 0197
Residential Street Address 2525 Main St		City Rocky Hill		State CT	Zip Code 06067
Principal Occupation Real Estate Broker		Name of Employer CBRE, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Baker		First Donna		MI	Contribution ID # 0198
Residential Street Address 36 Madison St		City East Hartford		State CT	Zip Code 06118
Principal Occupation Bookkeeper		Name of Employer Accounting Services, Inc			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Shive		First Julie		MI	Contribution ID # 0199
Residential Street Address 172 Langford Ln		City East Hartford		State CT	Zip Code 06118
Principal Occupation Educator		Name of Employer South Windsor Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Shive		First Pamela		MI	Contribution ID # 0200
Residential Street Address 172 Langford Ln		City East Hartford		State CT	Zip Code 06118
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 06/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Tarangioli		First Tom		MI	Contribution ID # 0201
Residential Street Address 111 Kent Ave Apt 1C		City Brooklyn		State NY	Zip Code 11249
Principal Occupation Human Resources		Name of Employer Cushman & Wakefiled			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Leone		First Vanessa		MI	Contribution ID # 0202
Residential Street Address 7 Birchwood Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation School Social Worker		Name of Employer Goodwin University Magnet School System			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

Last Name Alicea		First Beatrice		MI	Contribution ID # 0203
Residential Street Address 37 Colt St		City East Hartford		State CT	Zip Code 06118
Principal Occupation Social Worker		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Teles		First Nancy		MI	Contribution ID # 0204
Residential Street Address 58 Gail Rd		City East Hartford		State CT	Zip Code 06118
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 06/24/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Apel		First Allen		MI	Contribution ID # 0205
Residential Street Address 136 Langford Ln		City East Hartford		State CT	Zip Code 06118
Principal Occupation		Name of Employer Retired			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/24/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Keily		First Chris		MI	Contribution ID # 0206
Residential Street Address 116 Langford Ln		City East Hartford		State CT	Zip Code 06118
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 06/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Vasquez		First Leydi		MI	Contribution ID # 0207
Residential Street Address 639 Oak St		City East Hartford		State CT	Zip Code 06118
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 06/24/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Correia		First Delminda		MI	Contribution ID # 0208
Residential Street Address 41 Fitzgerald Dr		City East Hartford		State CT	Zip Code 06118
Principal Occupation Retired		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 06/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cicero		First Georgette		MI	Contribution ID # 0209
Residential Street Address 31 High St Unit 6204		City East Hartford		State CT	Zip Code 06118
Principal Occupation Administrative Assistant		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Cavaliere		First Brittney		MI	Contribution ID # 0210
Residential Street Address 440 Brewer St		City East Hartford		State CT	Zip Code 06118
Principal Occupation Senior Leadership		Name of Employer Connecticut Foodshare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bell		First Donald		MI	Contribution ID # 0211
Residential Street Address 105 Ridgewood Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation Policy Counsel		Name of Employer Project On Government Oversight			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Baum		First Marissa		MI	Contribution ID # 0212
Residential Street Address 58 Bantle Rd		City East Hartford		State CT	Zip Code 06118
Principal Occupation Communications, PR, and Marketing		Name of Employer Town of East Hartford			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Doucette		First Charles		MI	Contribution ID # 0213
Residential Street Address 85 Stephanies Way		City Manchester		State CT	Zip Code 06040
Principal Occupation Student		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 06/26/2026	Aggregate Contributions \$5.00	\$5.00

Total of Section B			\$745.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14, Column A of Summary Page)	\$745.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Rojas 2026	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	Amount of Contribution
			If yes, list Event #					
City	State	Zip Code	Date Received		Aggregate Contributions			

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

NAME OF COMMITTEE	TYPE OF REPORT
Rojas 2026	July 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee				Name of Treasurer		
Address					Date Received	Amount of Receipt
				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
Rojas 2026	July 10 Filing - Amendment

D. Loans Received this Period

Name of Lender		Source of Loan:				Date of Receipt	
		Bank	Candidate	Individual	Other		
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?			
				Yes No			
Name of Cosigner/Guarantor (if applicable)							Amount Received
Street Address	City	Stat	Zip Code				
Total of Section D							

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rojas 2026	July 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Rojas 2026	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
Rojas 2026	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
Rojas 2026	July 10 Filing - Amendment

I. Miscellaneous Monetary Receipts not Considered Contributions

Name			Date of Transaction		Amount Received
CEF			04/09/2026		
Street Address		City	State	Zip Code	
55 Farmington Ave		Hartford	CT	06105	
Description					\$0.03
Test transaction					
Total of Section I					\$0.03

II. EVENT ACTIVITY (Sections J1 - J4)

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

J1. Event Information

Event # Date of Event 05/20/2026	Letter C	Description Convention Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 175 Pine St		City Manchester	State CT
		Zip Code 06040	
Was this event hosted at a personal residence?		☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Event # Date of Event 06/26/2026	Letter J	Description Other Event	Was this a fundraising event? ☐ Yes ☒ No
Location: Street Address 169 Langford Ln		City East Hartford	State CT
		Zip Code 06118	
Was this event hosted at a personal residence?		☒ Yes ☐ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.) \$0.00

Total of Section J1
\$0.00

II. EVENT ACTIVITY (Sections J1 - J4)

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

TYPE OF REPORT

Rojas 2026

July 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II. EVENT ACTIVITY (Sections J1 - J4)**

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

TYPE OF REPORT

Rojas 2026

July 10 Filing - Amendment

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

Name of Host

Jason Rojas

Is this event supporting more than one candidate?

☐ Yes☒ NoIf yes, complete Itemization in
Addendum J4

Street Address

169 Langford Ln

City

East Hartford

State

CT

Zip Code

06118

Description of Donation

Location used for organizing correspondence to donors

Fair Market Value of
Donation

Event #

06262026J

Aggregate value of this Event - all hosts

\$1.00

Aggregate value of all Events - this host/candidate

\$1.00

\$1.00

Total of Section J4**\$1.00**

III. NONMONETARY RECEIPTS (Sections K - L)

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

TYPE OF REPORT

Rojas 2026

July 10 Filing - Amendment

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

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

Yes

No

Description of In-Kind Contribution

If yes, list Event#

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

Yes

No

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

Yes

No

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

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

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

TYPE OF REPORT

Rojas 2026

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
Rojas 2026	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Sean Hughes		Date of Payment 04/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 48 Daniels Ave		City Waterford	State CT	Zip Code 06385
Purpose of Expendit REF	Description Refund; Double Contribution; Max Limit			Amount \$100.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jason Rojas		Date of Payment 04/14/2026	Method of Payment ☒ Check # <u>1061</u> ☐ Debit Card ☐ EFT	
Street Address 169 Langford Ln		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit POST	Description Stamps for Thank You Correspondence			Amount \$77.75
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Manchester Historical Society		Date of Payment 05/11/2026	Method of Payment ☒ Check # <u>1021</u> ☐ Debit Card ☐ EFT	
Street Address 175 Pine St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit Misc *	Description Rental Fee for Convention Venue			Amount \$187.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) 617050	Event # 05202026C	

IV. EXPENDITURES (Sections N - S)

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

Name of Payee Staples		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT			
Street Address 49 Putnam Blvd		City Glastonbury		State CT		
Zip Code 06033		Amount \$12.06				
Purpose of Expendit OFFICE	Description Envelopes					
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable)	Event #

Name of Payee Josh Howroyd		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>1003</u> ☐ Debit Card ☐ EFT			
Street Address 155 Mountain Rd		City Manchester		State CT		
Zip Code 06040		Amount \$70.10				
Purpose of Expendit RMB	Description Beer & Wine for Convention Reception					
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable) 616914	Event # 05202026C

Name of Payee Highland Park Market		Date of Payment 05/26/2026	Method of Payment ☒ Check # <u>1004</u> ☐ Debit Card ☐ EFT			
Street Address 317 Highland Park Market		City Manchester		State CT		
Zip Code 06040		Amount \$93.93				
Purpose of Expendit FOOD	Description Food for Convention Reception					
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum N					Expenditure # (if applicable) 616920	Event # 05202026C

IV. EXPENDITURES (Sections N - S)

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

Name of Payee SSLGURU		Date of Payment 05/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 133 N Altadena Dr Ste 402		City Pasadena	State CA	Zip Code 91107
Purpose of Expendit WEB	Description website security			Amount \$279.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Blue Edge Strategies		Date of Payment 05/29/2026	Method of Payment ☒ Check # <u>1005</u> ☐ Debit Card ☐ EFT	
Street Address 54 Robert Rd		City Manchester	State CT	Zip Code 06040
Purpose of Expendit CNSLT	Description Contribution Page (Anedot set up)			Amount \$125.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Jason Rojas		Date of Payment 05/29/2026	Method of Payment ☒ Check # <u>1062</u> ☐ Debit Card ☐ EFT	
Street Address 169 Langford Ln		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit POST	Description Stamps for Correspondence			Amount \$155.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Jason Rojas		Date of Payment 06/26/2026	Method of Payment ☒ Check # <u>1006</u> ☐ Debit Card ☐ EFT	
Street Address 169 Langford Ln		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit FOOD	Description Food for organizing correspondence to donors			Amount \$65.81
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # 06262026J	
Name of Payee Anedot		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expendit BNK	Description			Amount \$39.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$1,205.75

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

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

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Rojas 2026

July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Rojas	First Jason	MI	Date of Payment to Vendor 01/11/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☒ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant BJ's				
Street Address of Vendor 1046 Tolland Turnpike		City Manchester		State CT Zip Code 06040
Purpose of Expenditure (by code) POST	Description Stamps for Correspondence			
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 \$155.50

Last Name of Worker/Consultant Rojas	First Jason	MI	Date of Payment to Vendor 04/14/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☒ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant BJ's				
Street Address of Vendor 1046 Tolland Turnpike		City Manchester		State CT Zip Code 06040
Purpose of Expenditure (by code) POST	Description Stamps for Thank You Correspondence			
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 \$77.75

IV. EXPENDITURES (Sections N - S)

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

TYPE OF REPORT

Rojas 2026

July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Howroyd	First Josh	MI	Date of Payment to Vendor 05/20/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☒ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Brown's Package Store				
Street Address of Vendor 278 W Middle Tpke		City Manchester		State CT
Zip Code 06040				
Purpose of Expenditure (by code) FOOD	Description Beer & Wine for Convention Reception			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☒ Yes ☐ No		Expenditure # (if applicable) 616915	Event # 05202026C	Amount \$70.10
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Rojas	First Jason	MI	Date of Payment to Vendor 06/26/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☐ Check # ☒ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Mulberry				
Street Address of Vendor 981 Main St		City Manchester		State CT
Zip Code 06040				
Purpose of Expenditure (by code) FOOD	Description Food for organizing correspondence to donors			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable) 	Event # 06262026J	Amount \$65.81
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Total of Section R**\$369.16**

IV. EXPENDITURES (Sectuibs N - S)

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

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure
616914	\$70.10
Name of Candidate MD Rahman	Office Sought State Senator
Name of Candidate Patrick Biggins	Office Sought State Representative
Name of Candidate Jason Doucette	Office Sought State Representative
Name of Candidate Geoffrey Luxenberg	Office Sought State Representative

Expenditure #	Amount of Expenditure
616920	\$93.93
Name of Candidate MD Rahman	Office Sought State Senator
Name of Candidate Patrick Biggins	Office Sought State Representative
Name of Candidate Jason Doucette	Office Sought State Representative
Name of Candidate Geoffrey Luxenberg	Office Sought State Representative

Expenditure #	Amount of Expenditure
617050	\$187.50
Name of Candidate Patrick Biggins	Office Sought State Representative
Name of Candidate Jason Doucette	Office Sought State Representative

Name of Candidate Geoffrey Luxenberg	Office Sought State Representative
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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
Rojas 2026	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure # 616915	Amount of Expenditure \$70.10
Name of Candidate MD Rahman	Office Sought State Senator
Name of Candidate Patrick Biggins	Office Sought State Representative
Name of Candidate Jason Doucette	Office Sought State Representative
Name of Candidate Geoffrey Luxenberg	Office Sought State Representative