

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

Revised February 2015



Electronic Filing

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Page 1 of 66

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Danieluk for the 45th				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Ana		MI	Last Danieluk		Suffix
4. TREASURER ADDRESS					
Street Address 12 Tyler Ter		City Jewett City		State CT	Zip Code 06351
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R045
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Matthew		MI	Last Danieluk		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 SIGNATURE		Ana Danieluk PRINT NAME OF THE SIGNER		08/17/2026 7:49:16PM 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	
Danieluk for the 45th	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	\$728.20	
14. Contributions received from Individuals (Section A and B)	\$2,520.00	\$3,250.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$30.00
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)	\$2,520.00	\$3,280.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$3,248.20	\$3,280.00
20. Expenses Paid by Committee (Section N)	\$264.67	\$296.47
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,983.53	\$2,983.53
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	
Danieluk for the 45th		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 Kennedy		First George		MI	Contribution ID # 0028
Residential Street Address 17 Maple St .		City Jewett City		State CT	Zip Code 06351
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		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 04/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Langlois		First Karen		MI	Contribution ID # 0029
Residential Street Address 24 Aspinook St		City Jewett City		State CT	Zip Code 06351
Principal Occupation Teacher		Name of Employer 24 Aspinook St			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		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 04/05/2026	Aggregate Contributions \$5.00	\$5.00

Last Name DePonte		First Mark		MI	Contribution ID # 0030
Residential Street Address 29 Pine Rd .		City Jewett City		State CT	Zip Code 06351
Principal Occupation Physician		Name of Employer Mark DePonte			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		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 04/06/2026	Aggregate Contributions \$100.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name DuPonte		First Sheila		MI	Contribution ID # 0031
Residential Street Address 29 Pine Rd		City Jewett City		State CT	Zip Code 06351
Principal Occupation Student Supervisor		Name of Employer Griswold Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/06/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Sweet		First Colleen		MI	Contribution ID # 0007
Residential Street Address 28 Havey Ln .		City Griswold		State CT	Zip Code 06351
Principal Occupation Food Service Secretary		Name of Employer Griswold Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/08/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Button		First Mildred		MI S	Contribution ID # 0010
Residential Street Address 1938 Glasgo Rd .		City Griswold		State CT	Zip Code 06351
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 04/09/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Wheatley		First Laura		MI	Contribution ID # 0032
Residential Street Address 26 Pulaski St		City Griswold		State CT	Zip Code 06351
Principal Occupation Property Management		Name of Employer Connecticut Housing Partners			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/09/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wheatley		First Carolyn		MI	Contribution ID # 0033
Residential Street Address 26 Pulaski St .		City Griswold		State CT	Zip Code 06351
Principal Occupation Teller		Name of Employer Citizens bank			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wheatley		First Hanson		MI	Contribution ID # 0034
Residential Street Address 26 Pulaski St .		City Griswold		State CT	Zip Code 06351
Principal Occupation Produce Associate		Name of Employer Big Y			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Wheatley		First Tucker		MI	Contribution ID # 0035
Residential Street Address 26 Pulaski St .		City Griswold		State CT	Zip Code 06351
Principal Occupation Laborer		Name of Employer Collin & Jewel			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Gosselin		First Maureen		MI	Contribution ID # 0036
Residential Street Address 119 Arrowhead Dr		City Jewett City		State CT	Zip Code 06351
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 04/09/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gosselin		First Michael		MI	Contribution ID # 0037
Residential Street Address 119 Arrowhead Dr		City Jewett City		State CT	Zip Code 06351
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 04/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Cote		First Linda		MI M	Contribution ID # 0013
Residential Street Address 56 Lenox Ave .		City Jewett City		State CT	Zip Code 06351
Principal Occupation Office Manager		Name of Employer Quality Tool Repair			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cote		First Mark		MI A	Contribution ID # 0014
Residential Street Address 56 Lenox Ave		City Jewett City		State CT	Zip Code 06351
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 04/10/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Cote		First Christopher		MI M	Contribution ID # 0015
Residential Street Address 24B Aspinook St .		City Jewett City		State CT	Zip Code 06351
Principal Occupation		Name of Employer Disabled			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/10/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Doyon		First Paula		MI L	Contribution ID # 0005
Residential Street Address 333 Plainfield Rd		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Doyon		First Gerald		MI A	Contribution ID # 0006
Residential Street Address 333 Plainfield Rd .		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Elliott		First Josh		MI	Contribution ID # 0038
Residential Street Address 28 Cobblestone Dr .		City Hamden		State CT	Zip Code 06518
Principal Occupation Owner		Name of Employer Thyme and Season			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$50.00	\$50.00

Last Name Minski		First Kathy		MI	Contribution ID # 0039
Residential Street Address 93 Stone Hill Rd		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Minski		First Allen		MI	Contribution ID # 0040
Residential Street Address 93 Stone Hill Rd		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Sharkey		First Leona		MI	Contribution ID # 0041
Residential Street Address 11 Lenox Ave		City Jewett City		State CT	Zip Code 06351
Principal Occupation Tax Collector		Name of Employer Town of Griswold			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 Sharkey		First Timothy		MI	Contribution ID # 0042
Residential Street Address 11 Lenox Ave		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Savino		First Joseph		MI	Contribution ID # 0043
Residential Street Address 68 Burdick Ln		City Jewett City		State CT	Zip Code 06351
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 04/11/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Rourke		First Susan		MI	Contribution ID # 0044
Residential Street Address 5 Haley Meadow Rd		City Griswold		State CT	Zip Code 06351
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 04/11/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Danieluk		First Ana		MI	Contribution ID # 0045
Residential Street Address 12 Tyler Ter		City Griswold		State CT	Zip Code 06351
Principal Occupation Secretary		Name of Employer Griswold 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 04/12/2026	Aggregate Contributions \$5.00	\$5.00

Last Name De la Cruz		First Stephanie		MI	Contribution ID # 0046
Residential Street Address 128 N Burnham Hwy		City Lisbon		State CT	Zip Code 06351
Principal Occupation		Name of Employer Backus Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Danieluk		First Courtney		MI	Contribution ID # 0047
Residential Street Address 61 Ames Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation BCBA		Name of Employer CCSN			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/13/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name D'Auteuil		First Connor		MI	Contribution ID # 0048
Residential Street Address 61 Ames Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation		Name of Employer unemployed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Brouillard		First Sharon		MI	Contribution ID # 0049
Residential Street Address 10 Parker Ave		City Griswold		State CT	Zip Code 06351
Principal Occupation Administrative Assistant		Name of Employer Connecticut College			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Stockwell		First Kaylin		MI	Contribution ID # 0050
Residential Street Address 9 Meadowbrook Cir		City Lisbon		State CT	Zip Code 06351
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name De la Cruz		First Stephanie		MI	Contribution ID # 0046
Residential Street Address 128 N Burnham Hwy		City Lisbon		State CT	Zip Code 06351
Principal Occupation Unit Coordinator		Name of Employer Backus Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/13/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sorder	First Megan	MI E	Contribution ID # 0020
Residential Street Address 18 Beverly Dr .	City Jewett City	State CT	Zip Code 06351
Principal Occupation Teacher	Name of Employer Griswold Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/14/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Ouillette	First Ryan	MI A	Contribution ID # 0016
Residential Street Address 31 Snake Meadow Hill Rd .	City Moosup	State CT	Zip Code 06354
Principal Occupation teacher	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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/14/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Ouillette	First Cindy	MI L	Contribution ID # 0017
Residential Street Address 31 Snake Meadow Hill Rd	City Moosup	State CT	Zip Code 06354
Principal Occupation Teacher	Name of Employer Thompson Board of Ed		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/14/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

Last Name Brett	First Towle	MI	Contribution ID # 0018
Residential Street Address 18 Beverly Dr .	City Jewett City	State CT	Zip Code 06351
Principal Occupation sales	Name of Employer CM Almy		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card	Date Received 04/14/2026	Aggregate Contributions \$5.00
		Amount of Contribution \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Sorder		First Raymond		MI L	Contribution ID # 0019
Residential Street Address 67 Ashland St .		City Jewett City		State CT	Zip Code 06351
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 04/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sorder		First Megan		MI E	Contribution ID # 0020
Residential Street Address 18 Beverly Dr .		City Jewett City		State CT	Zip Code 06351
Principal Occupation		Name of Employer Griswold Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/14/2026	Aggregate Contributions \$10.00	\$5.00

Last Name Sorder		First Laurie		MI A	Contribution ID # 0021
Residential Street Address 67 Ashland St		City Jewett City		State CT	Zip Code 06351
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 04/14/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sorder		First Cailin		MI A	Contribution ID # 0022
Residential Street Address 67 Ashland St		City Jewett City		State CT	Zip Code 06351
Principal Occupation social worker		Name of Employer North Stonington Board of Ed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/14/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Jenkins-Donahue		First Elizabeth		MI	Contribution ID # 0051
Residential Street Address 34 Hitop Hill Rd		City Voluntown		State CT	Zip Code 06384
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 04/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Appold		First Kameron		MI	Contribution ID # 0052
Residential Street Address 12 Tyler Ter		City Griswold		State CT	Zip Code 06351
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/15/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bowles		First Adam		MI	Contribution ID # 0053
Residential Street Address 14 Barber Farm Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation Pastor		Name of Employer Castle Church			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/17/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Bowles		First Luisa		MI	Contribution ID # 0054
Residential Street Address 14 Barber Farm Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gwiazdowski		First Tracy		MI	Contribution ID # 0055
Residential Street Address 445 River Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation Nurse		Name of Employer William W Backus Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 04/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name MacBride		First James		MI A	Contribution ID # 0012
Residential Street Address 150 Bennett Rd .		City Voluntown		State CT	Zip Code 06384
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 04/17/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Gonzales		First AnaMaria		MI	Contribution ID # 0056
Residential Street Address 65 Westridge Rd		City New London		State CT	Zip Code 06320
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 04/18/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Burchman		First Darryl		MI	Contribution ID # 0057
Residential Street Address 32 George Palmer Rd .		City Griswold		State CT	Zip Code 06351
Principal Occupation Operations Officer		Name of Employer Leiser Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ego		First Eileen		MI	Contribution ID # 0058
Residential Street Address 85 Popple Bridge Rd .		City Griswold		State CT	Zip Code 06351
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 04/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Mower		First Gabriel		MI	Contribution ID # 0059
Residential Street Address 16 Route 164		City Preston		State CT	Zip Code 06365
Principal Occupation Associate Biomanufacturer		Name of Employer Amgen			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$100.00	\$100.00

Last Name Button III		First Lewis		MI A	Contribution ID # 0011
Residential Street Address 1938 Glasgo Rd .		City Griswold		State CT	Zip Code 06351
Principal Occupation Attorney		Name of Employer State of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$100.00	\$100.00

Last Name Davis		First Scott		MI	Contribution ID # 0060
Residential Street Address 22 Shore Dr		City Griswold		State CT	Zip Code 06351
Principal Occupation Controller		Name of Employer Bonner Electric, 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 04/23/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Schulz		First Victoria		MI	Contribution ID # 0061
Residential Street Address 159 Route 12		City Preston		State CT	Zip Code 06365
Principal Occupation Consultant		Name of Employer RWS Life Sciences			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$25.00	\$25.00

Last Name Castronova		First Laurie		MI A	Contribution ID # 0008
Residential Street Address 148 Ross Rd		City Lisbon		State CT	Zip Code 06351
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 \$5.00	\$5.00

Last Name Castronova		First Robert		MI R	Contribution ID # 0009
Residential Street Address 148 Ross Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation Purchasing Agent		Name of Employer City of Norwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$5.00	\$5.00

Last Name Gauthier		First Barbara		MI	Contribution ID # 0139
Residential Street Address 1452 Hopeville Rd .		City Griswold		State CT	Zip Code 06351
Principal Occupation Assistant Assessor		Name of Employer Town of Griswold			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hotchkiss		First Susan		MI	Contribution ID # 0062
Residential Street Address 20 Lynn Dr		City Preston		State CT	Zip Code 06365
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 04/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Schulz		First Timothy		MI	Contribution ID # 0063
Residential Street Address 24 Roosevelt Avenue Ext		City Preston		State CT	Zip Code 06365
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 04/28/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Grabowski		First Richard		MI	Contribution ID # 0024
Residential Street Address 37 Tyler Ter		City Jewett City		State CT	Zip Code 06351
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 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Grabowski		First Sandra		MI	Contribution ID # 0025
Residential Street Address 37 Tyler Ter		City Jewett City		State CT	Zip Code 06351
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 04/30/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grabowski Jr.		First Richard		MI	Contribution ID # 0026
Residential Street Address 26 Chapman Ln		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Truck Driver		Name of Employer 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Hoey		First Kristen		MI	Contribution ID # 0027
Residential Street Address 268 Dartmouth Ave		City Fair Haven		State NJ	Zip Code 07774
Principal Occupation		Name of Employer Housewife			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 04/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Orcutt		First Mat		MI	Contribution ID # 0064
Residential Street Address 65 Rimek Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation Teacher		Name of Employer Griswold Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Orcutt		First Marcia		MI	Contribution ID # 0065
Residential Street Address 66 Rimek Rd		City Lisbon		State CT	Zip Code 06351
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 05/03/2026	Aggregate Contributions \$30.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Orcutt		First Rachel		MI	Contribution ID # 0066
Residential Street Address 20 Sergeants Way		City Lisbon		State CT	Zip Code 06351
Principal Occupation		Name of Employer Student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/03/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Orcutt		First Marcia		MI	Contribution ID # 0067
Residential Street Address 66 Rimek Rd		City Lisbon		State CT	Zip Code 06351
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 05/03/2026	Aggregate Contributions \$30.00	\$25.00

Last Name Allyn-Gauthier		First Sandra		MI	Contribution ID # 0068
Residential Street Address 74 Middle Rd		City Preston		State CT	Zip Code 06365
Principal Occupation First Selectman		Name of Employer Town of Preston			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/09/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Christensen		First Linda		MI	Contribution ID # 0070
Residential Street Address 15 Amos Rd .		City Preston		State CT	Zip Code 06365
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 05/11/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Schulz		First Timothy		MI	Contribution ID # 0071
Residential Street Address 24 Roosevelt Avenue Ext		City Preston		State CT	Zip Code 06365
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 05/11/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Castronova		First Robert		MI R	Contribution ID # 0076
Residential Street Address 148 Ross Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation Purchasing Agent		Name of Employer City of Norwich			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/11/2026	Aggregate Contributions \$10.00	\$5.00

Last Name de la Cruz		First Joe		MI	Contribution ID # 0072
Residential Street Address 95 Corey Rd		City Groton		State CT	Zip Code 06340
Principal Occupation Vice President		Name of Employer Hillery Co			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	Aggregate Contributions \$200.00	\$100.00

Last Name Rickard		First Damian		MI	Contribution ID # 0073
Residential Street Address 72 Ames Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation Education		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/12/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Rourke		First Ayden		MI	Contribution ID # 0074
Residential Street Address 5 Haley Meadow Rd .		City Griswold		State CT	Zip Code 06351
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 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Landry		First Dorla		MI	Contribution ID # 0023
Residential Street Address 24 Faust St .		City Jewett City		State CT	Zip Code 06351
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 05/13/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Beahan		First Judy		MI	Contribution ID # 0075
Residential Street Address 19P Lakeside Dr		City Ledyard		State CT	Zip Code 06339
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 05/14/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Eickel		First Teresa		MI	Contribution ID # 0077
Residential Street Address 8 Doolittle Rd		City Preston		State CT	Zip Code 06365
Principal Occupation Executive Director		Name of Employer Interreligious eco-justice Network			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/17/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Donahue		First John		MI A	Contribution ID # 0140
Residential Street Address 34 Hi-Top Hill Rd .		City Voluntown		State CT	Zip Code 06384
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 05/17/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Melgey		First Joyce		MI	Contribution ID # 0141
Residential Street Address 366 Beach Pond Rd .		City Voluntown		State CT	Zip Code 06384
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 05/17/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Plunkett		First Thomas		MI	Contribution ID # 0078
Residential Street Address 185 Pendleton Hill Rd		City Voluntown		State CT	Zip Code 06384
Principal Occupation Shuttle bus driver		Name of Employer Foxwoods			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/18/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Plunkett		First Katherine		MI	Contribution ID # 0079
Residential Street Address 185 Pendleton Hill Rd		City Voluntown		State CT	Zip Code 06384
Principal Occupation Physical Therapist		Name of Employer Reliant Rehab			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/18/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Billing		First Paul		MI	Contribution ID # 0080
Residential Street Address 8 Riverside Pl		City Gales Ferry		State CT	Zip Code 06335
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 05/20/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Panko		First Jennifer		MI	Contribution ID # 0086
Residential Street Address 259 Brown Rd		City Voluntown		State CT	Zip Code 06384
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 05/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pudvah		First Valerie		MI	Contribution ID # 0142
Residential Street Address 156 E Main St		City Jewett City		State CT	Zip Code 06351
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 05/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name King		First Rachael		MI	Contribution ID # 0081
Residential Street Address 16 Hemlock Dr		City Jewett City		State CT	Zip Code 06351
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 05/21/2026	Aggregate Contributions \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Jambor		First Tracy		MI	Contribution ID # 0082
Residential Street Address 173 Mell Rd		City Lisbon		State CT	Zip Code 06351
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 05/22/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Valenti		First Vincent		MI	Contribution ID # 0083
Residential Street Address 7 Sylvendale Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation paraprofessional		Name of Employer Griswold Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Lebel		First John		MI E	Contribution ID # 0089
Residential Street Address 113 Ross Hill Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation Carpenter		Name of Employer Local 326 Carpenter Union			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$5.00	\$5.00

Last Name Venus		First Lebel		MI	Contribution ID # 0090
Residential Street Address 113 Ross Hill Rd .		City Lisbon		State CT	Zip Code 06351
Principal Occupation PCT		Name of Employer Hartford Healthcare			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/22/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name LeMarre		First Joanne		MI	Contribution ID # 0091
Residential Street Address 113 Ross Hill Rd .		City Lisbon		State CT	Zip Code 06351
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 05/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lebel		First Edwin		MI	Contribution ID # 0092
Residential Street Address 10 Strnad Rd .		City Lisbon		State CT	Zip Code 06351
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 05/22/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sacrey		First John		MI F	Contribution ID # 0087
Residential Street Address 51 McClimon Rd		City Preston		State CT	Zip Code 06365
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 05/25/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sacrey		First Christine		MI	Contribution ID # 0088
Residential Street Address 51 McClimon Rd .		City Preston		State CT	Zip Code 06365
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 05/25/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Neubert		First Kate		MI	Contribution ID # 0084
Residential Street Address 48 Bittersweet Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Marketing Coordinator		Name of Employer Hawai'i Modern Realty			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$25.00	\$25.00

Last Name Chapman		First Katherine		MI	Contribution ID # 0094
Residential Street Address 8 Elwood Ln		City Norwich		State CT	Zip Code 06360
Principal Occupation		Name of Employer homemaker			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/25/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Pyrke-Fairchild		First Lyndsey		MI	Contribution ID # 0085
Residential Street Address 37 Greenmanville Ave		City Mystic		State CT	Zip Code 06355
Principal Occupation Policy Analyst		Name of Employer Empire Fisheries			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 \$25.00	\$25.00

Last Name Danieluk		First Wyatt		MI	Contribution ID # 0093
Residential Street Address 12 Tyler Ter		City Griswold		State CT	Zip Code 06351
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/26/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Otero		First Emma		MI	Contribution ID # 0143
Residential Street Address 5 Haley Meadow Rd .		City Griswold		State CT	Zip Code 06351
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Otero		First Lukas		MI	Contribution ID # 0144
Residential Street Address 5 Haley Meadow Rd .		City Griswold		State CT	Zip Code 06351
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 05/27/2026	Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name von Dorster		First Mary		MI	Contribution ID # 0095
Residential Street Address 355 Brook St		City Noank		State CT	Zip Code 06340
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Ritter		First Elizabeth		MI	Contribution ID # 0096
Residential Street Address 24 Old Mill Rd		City Quaker Hill		State CT	Zip Code 06375
Principal Occupation		Name of Employer retired			
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		☐ Yes ☒ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/28/2026	Aggregate Contributions \$25.00	Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Wirzbicki		First John		MI	Contribution ID # 0097
Residential Street Address 355 Brook St		City Noank		State CT	Zip Code 06340
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 05/28/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Mejza		First Carleen		MI	Contribution ID # 0098
Residential Street Address 25 Pear St		City Mystic		State CT	Zip Code 06355
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 05/28/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Sangillo		First Alexis		MI	Contribution ID # 0099
Residential Street Address 7 Sylvandale Rd		City Lisbon		State CT	Zip Code 06351
Principal Occupation Paraprofessional		Name of Employer Griswold Public Schools			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/29/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Siegel-Miles		First Alyssa		MI	Contribution ID # 0100
Residential Street Address 712 Colonel Ledyard Hwy		City Ledyard		State CT	Zip Code 06339
Principal Occupation Research Technician		Name of Employer University of Connecticut			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/30/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Schneider		First Carol		MI	Contribution ID # 0101
Residential Street Address 101 Inchcliffe Dr		City Gales Ferry		State CT	Zip Code 06335
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 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Austin		First Karen		MI	Contribution ID # 0102
Residential Street Address 17 Coachman Pike		City Ledyard		State CT	Zip Code 06339
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 05/30/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Parad		First Adrienne		MI	Contribution ID # 0103
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation Medical Director		Name of Employer Optum			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/30/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hellekson		First Wendy		MI	Contribution ID # 0104
Residential Street Address 14L Lakeside Dr		City Ledyard		State CT	Zip Code 06339
Principal Occupation Teacher		Name of Employer Ledyard Board of Education			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/30/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Grenger		First Ellin		MI	Contribution ID # 0105
Residential Street Address 15 Bittersweet Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Lawyer			Name of Employer 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		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 05/31/2026	
				Aggregate Contributions \$10.00	

Last Name Chappelle		First Brue		MI	Contribution ID # 0106
Residential Street Address 14 Sherwood Tree		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Library programmer - TTRPGs			Name of Employer Self-employed		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$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 05/31/2026	
				Aggregate Contributions \$10.00	

Last Name Lee		First Laura		MI	Contribution ID # 0107
Residential Street Address 55 Meetinghouse Ln		City Ledyard		State CT	Zip Code 06339
Principal Occupation Paraeducator			Name of Employer Ledyard Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution \$5.00
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #		Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	
				Aggregate Contributions \$5.00	

Last Name Baird		First Kia		MI	Contribution ID # 0108
Residential Street Address 39 Ash Dr Apt 30		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Non profit			Name of Employer Career Resources		
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/31/2026	
				Aggregate Contributions \$5.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Beahan		First Judy		MI	Contribution ID # 0109
Residential Street Address 19P Lakeside Dr		City Ledyard		State CT	Zip Code 06339
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 05/31/2026	Aggregate Contributions \$35.00	\$10.00

Last Name Desjardins		First Karla		MI	Contribution ID # 0110
Residential Street Address 398 Plainfield Pike Rd		City Plainfield		State CT	Zip Code 06374
Principal Occupation HR Manager		Name of Employer State of CT			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 05/31/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Grenger		First Ellin		MI	Contribution ID # 0105
Residential Street Address 15 Bittersweet Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Lawyer		Name of Employer Grenger Law Offices			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches 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 05/31/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Chappelle		First Drue		MI	Contribution ID # 0106
Residential Street Address 14 Sherwood Trce		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Library programmer - TTRPGs		Name of Employer Ledyard Public Library			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an 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 \$5.00	\$5.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Feinstein		First Nancy		MI	Contribution ID # 0115
Residential Street Address 21 Hillside Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Garden Designer		Name of Employer Nancy Feinstein Design			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$15.00	\$15.00

Last Name Vincent Jr.		First John		MI	Contribution ID # 0131
Residential Street Address 19 Friar Tuck Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation realtor		Name of Employer Berkshire Hathaway			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☒ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Vincent		First Sheila		MI	Contribution ID # 0132
Residential Street Address 19 Friar Tuck Dr		City Gales Ferry		State CT	Zip Code 06335
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 06/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hedman		First Kayla		MI	Contribution ID # 0111
Residential Street Address 12 Coachman Pike		City Ledyard		State CT	Zip Code 06339
Principal Occupation Marketer		Name of Employer Griswold 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 06/01/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dreimiller		First Michael		MI	Contribution ID # 0112
Residential Street Address 37 Norman Dr		City Gales Ferry		State CT	Zip Code 06335
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 06/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Hellekson		First Nancy		MI	Contribution ID # 0113
Residential Street Address 14K Lakeside Dr		City Ledyard		State CT	Zip Code 06339
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 06/01/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Doblecki		First Mary Ellen		MI	Contribution ID # 0114
Residential Street Address 4 S Glenwoods Rd		City Gales Ferry		State CT	Zip Code 06335
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 06/01/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Feinstein		First Nancy		MI	Contribution ID # 0115
Residential Street Address 21 Hillside Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Garden Designer		Name of Employer Self employed			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/01/2026	Aggregate Contributions \$30.00	\$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Shpley		First Heather		MI	Contribution ID # 0116
Residential Street Address 27 Meadow Dr		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Paraprofessional		Name of Employer Ledyard 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 06/02/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Turchi		First Maria		MI	Contribution ID # 0117
Residential Street Address 21 Brentford Berwick		City Ledyard		State CT	Zip Code 06339
Principal Occupation Accountant		Name of Employer 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		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 06/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Capon		First J Anthony		MI	Contribution ID # 0118
Residential Street Address 37 Silas Deane Rd ,		City Ledyard		State CT	Zip Code 06339
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 06/02/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Kulo		First Jeffrey		MI	Contribution ID # 0119
Residential Street Address 39 Chriswood Trce		City Ledyard		State CT	Zip Code 06339
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 06/03/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Henschel		First Sandra		MI	Contribution ID # 0120
Residential Street Address 23 Richard Rd		City Gales Ferry		State CT	Zip Code 06335
Principal Occupation Accounts Payable Supervisor		Name of Employer Connecticut Water Company			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/07/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Panko		First Robert		MI	Contribution ID # 0121
Residential Street Address 259 Brown Rd		City Voluntown		State CT	Zip Code 06384
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 06/08/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Lemay		First Charles		MI	Contribution ID # 0122
Residential Street Address 46 Pachaug River Dr		City Jewett City		State CT	Zip Code 06351
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 06/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Stands		First Juila		MI	Contribution ID # 0123
Residential Street Address 228 Congdon Rd		City Voluntown		State CT	Zip Code 06384
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 06/09/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Lemay		First Gail		MI	Contribution ID # 0124
Residential Street Address 46 Pachaug River Dr		City Jewett City		State CT	Zip Code 06351
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 06/09/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Dunn		First Heather		MI	Contribution ID # 0125
Residential Street Address 22 Rockville Rd		City Voluntown		State CT	Zip Code 06384
Principal Occupation Administrative Assistant		Name of Employer NFA			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Boulay		First Kyle		MI	Contribution ID # 0126
Residential Street Address 28 Sunset Vw		City Griswold		State CT	Zip Code 06351
Principal Occupation Linesman supervisor		Name of Employer Electric Boat			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/10/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Boulay		First Mallory		MI	Contribution ID # 0127
Residential Street Address 28 Sunset Vw		City Griswold		State CT	Zip Code 06351
Principal Occupation RBT		Name of Employer Norwich 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 06/10/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gray		First Pamela		MI	Contribution ID # 0128
Residential Street Address 21 Gallup Hill Rd		City Ledyard		State CT	Zip Code 06339
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 06/11/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Fontaine		First Judith		MI	Contribution ID # 0129
Residential Street Address 206 Pleasant View St		City Jewett City		State CT	Zip Code 06351
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 06/16/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Austin		First Karen		MI	Contribution ID # 0133
Residential Street Address 17 Coachman Pike		City Ledyard		State CT	Zip Code 06339
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 06/20/2026	Aggregate Contributions \$10.00	\$10.00

Last Name Austin		First Robert		MI	Contribution ID # 0134
Residential Street Address 17 Coachman Pike		City Ledyard		State CT	Zip Code 06339
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 06/20/2026	Aggregate Contributions \$10.00	\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Parad		First Andrew		MI	Contribution ID # 0135
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation Primary Care Physician		Name of Employer Northeast Medical 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	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Parad		First Jillian		MI	Contribution ID # 0136
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Parad		First Zoe		MI	Contribution ID # 0137
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	Aggregate Contributions \$5.00	\$5.00

Last Name Parad		First Jacoby		MI	Contribution ID # 0138
Residential Street Address 5 Birch St		City Ledyard		State CT	Zip Code 06339
Principal Occupation		Name of Employer student			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☒ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received 06/20/2026	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
Danieluk for the 45th	July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Kelley		First Erin		MI	Contribution ID # 0130
Residential Street Address 70 Laurel Dr		City Voluntown		State CT	Zip Code 06384
Principal Occupation Veteranarian		Name of Employer Montville Animal Hospital			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section J1? ☐ Yes ☒ No If yes, list Event #	Method of contribution: ☐ Cash ☐ Personal Check ☐ Money Order ☒ Credit/Debit Card		Date Received 06/21/2026	Aggregate Contributions \$5.00	\$5.00

Last Name De la Cruz		First Deborah		MI	Contribution ID # 0145
Residential Street Address 19 Best View Rd		City Quaker Hill		State CT	Zip Code 06375
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 06/25/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Wooten		First Melissa		MI	Contribution ID # 0146
Residential Street Address 10 Zvingilas Ct		City Jewett City		State CT	Zip Code 06351
Principal Occupation teacher		Name of Employer Griswold 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 06/25/2026	Aggregate Contributions \$25.00	\$25.00

Total of Section B					\$2,520.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					\$2,520.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Danieluk for the 45th					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	
Danieluk for the 45th					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
Danieluk for the 45th	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
Danieluk for the 45th	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
Danieluk for the 45th	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
Danieluk for the 45th	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
Danieluk for the 45th	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	
Danieluk for the 45th			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 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.)	
Total of Section J1				

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Danieluk for the 45th			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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				
Total of Section J3				

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	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
Danieluk for the 45th	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	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?	Fair Market Value of this Contribution
	No	Yes	
		No	
If yes, indicate which branch or branches of government the contract is with:		Executive	Legislative
Type of Contributor:	Date Received	Aggregate contributions	
Individual	Committee	Sole Proprietorship	

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	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
Name of Telephone company			Amount of Deposit
Street Address	City	State	
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 04/05/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 04/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$8.60
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314	City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$3.00
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 Anedot		Date of Payment 04/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314	City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$6.40
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 Anedot		Date of Payment 04/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314	City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$1.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable) Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.50
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 #	

Name of Payee Anedot		Date of Payment 04/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.00
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 Anedot		Date of Payment 04/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$5.30
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.30
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 Anedot		Date of Payment 04/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.80
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 Anedot		Date of Payment 04/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$4.30
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 04/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 04/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$1.30
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 Anedot		Date of Payment 04/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$1.80
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
Danieluk for the 45th	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Squarespace		Date of Payment 04/28/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 225 Varick St Fl 12		City New York		State NY
Zip Code 10014				
Purpose of Expendit WEB	Description Website hosting monthly fee			Amount \$26.59
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 Anedot		Date of Payment 05/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.80
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 Anedot		Date of Payment 05/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.30
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.50
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 #	

Name of Payee Anedot		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$4.80
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 Anedot		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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 Anedot		Date of Payment 05/17/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.60
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1.30

Name of Payee Anedot		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$0.50

Name of Payee Anedot		Date of Payment 05/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$3.60

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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 Anedot		Date of Payment 05/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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 Anedot		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$5.40
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Squarespace		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 225 Varick St Fl 12		City New York		State NY
Zip Code 10014				
Purpose of Expendit WEB	Description Webiste hosting monthly fee			Amount \$26.59
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 Anedot		Date of Payment 05/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 05/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA
Zip Code 70884				
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$4.10
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 05/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$4.00
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 Anedot		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$6.70
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 Anedot		Date of Payment 06/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$3.10
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 #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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 Anedot		Date of Payment 06/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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 Anedot		Date of Payment 06/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/09/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$2.30
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 Anedot		Date of Payment 06/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$1.50
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 #	

Name of Payee Anedot		Date of Payment 06/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address PO Box 84314		City Baton Rouge	State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees		Amount \$1.30
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$2.30
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 Anedot		Date of Payment 06/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$0.50
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 #	

Name of Payee Anedot		Date of Payment 06/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge		State LA Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$4.30
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
Danieluk for the 45th	July 10 Filing - Amendment
N. Expenses Paid By Committee	

Name of Payee Michaels Sotres		Date of Payment 06/26/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 160 River Rd Ste A		City Lisbon	State CT	Zip Code 06351
Purpose of Expendit A-OTH	Description Stickers for Rack cards			Amount \$7.22
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 Vistaprint		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 95 Hayden Ave		City Lexington	State MA	Zip Code 02421
Purpose of Expendit A-OTH	Description Car magnets for advertising			Amount \$70.18
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 Squarespace		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 225 Varick St Fl 12		City New York	State NY	Zip Code 10014
Purpose of Expendit WEB	Description Web hosting monthly fee			Amount \$26.59
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
Danieluk for the 45th	July 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 84314		City Baton Rouge	State LA	Zip Code 70884
Purpose of Expendit BNK	Description Online credit card donation processing fees			Amount \$1.30
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				\$264.67

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	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	
Danieluk for the 45th				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	
Danieluk for the 45th				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		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	July 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

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

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Danieluk for the 45th	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