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

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
NED for CT	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Gabriela		**Koc**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
1340 Washington Blvd Unit 509	**Stamford**	**CT**	**06902**

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

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

First	MI	Last	Suffix
Edward	**M**	**Lamont**	

9. TYPE OF REPORT

Second Weekly Supplemental Filing Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/22/2026	thru	**07/28/2026**

11. CERTIFICATION

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

Electronic Filing	**Dennis Carnelli**	**07/30/2026 8:29:16PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
NED for CT	Second Weekly Supplemental Filing Primary - Original	
	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	**$4,706,252.45**	
14. Contributions received from Individuals (Section A and B)	**$2,858.59**	**$382,385.63**
15. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
16. Other Monetary Receipts (Section D through I)	**$358.21**	**$9,528,989.50**
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	**$0.00**	**$0.00**
18. Total Monetary Receipts (add totals for lines 14 through 17)	**$3,216.80**	**$9,911,375.13**
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	**$4,709,469.25**	**$9,911,375.13**
20. Expenses Paid by Committee (Section N)	**$1,645,381.94**	**$6,847,287.82**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$3,064,087.31**	**$3,064,087.31**
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)	**$3,500.00**	**$9,360.20**
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**	**$1,284.79**
28. Expenses Incurred on Committee Credit Card (Section P)	**$0.00**	**$773,750.86**
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	**$300.00**	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	**$300.00**	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Marino	Michael		2548

Residential Street Address	City	State	Zip Code
403 Woodridge	Shelton	CT	06484-2814

Principal Occupation	Name of Employer
Not Employed	Not 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: $26.01

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

If yes, list Event #

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

Date Received: 07/22/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
Napoli	Ronald		2550

Residential Street Address	City	State	Zip Code
28 Deer Park Cir	Waterbury	CT	06708-1826

Principal Occupation	Name of Employer
Teacher	Waterbury Public Schools

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

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

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

Amount of Contribution: $10.00

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

If yes, list Event #

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

Date Received: 07/22/2026

Aggregate Contributions: $70.00

Last Name	First	MI	Contribution ID #
Schlakman	David		2558

Residential Street Address	City	State	Zip Code
5 Thomas Pl	Norwalk	CT	06853-1500

Principal Occupation	Name of Employer
Retired	Not 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: $250.00

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

If yes, list Event #

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

Date Received: 07/22/2026

Aggregate Contributions: $250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Friedman	Mark		2559

Residential Street Address	City	State	Zip Code
14 Saint George Pl	Westport	CT	06880-1251

Principal Occupation	Name of Employer
Investor	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: $10.00

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

If yes, list Event #:

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

Date Received: 07/22/2026

Aggregate Contributions: $35.00

Last Name	First	MI	Contribution ID #
Gogliettino	John	C	2565

Residential Street Address	City	State	Zip Code
PO Box 2598	Danbury	CT	06813-2598

Principal Occupation	Name of Employer
Insurance Broker	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: $8.00

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

If yes, list Event #:

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

Date Received: 07/22/2026

Aggregate Contributions: $64.00

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2567

Residential Street Address	City	State	Zip Code
374 Eastbury Hill Rd	Glastonbury	CT	06033-3914

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.36

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $171.99

Last Name	First	MI	Contribution ID #
O'Brien	Karen		2554

Residential Street Address	City	State	Zip Code
94 Sunset Rd	Easton	CT	06612-1752

Principal Occupation	Name of Employer
Retired	Not 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: $10.00

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $123.18

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Wemett	David		2557

Residential Street Address	City	State	Zip Code
42 Vivian St	Newington	CT	06111-3749

Principal Occupation	Name of Employer
Retired	Not 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: $8.00

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $56.00

Last Name	First	MI	Contribution ID #
Lipsett	Susan		2564

Residential Street Address	City	State	Zip Code
597 Westport Ave Unit C552	Norwalk	CT	06851-4479

Principal Occupation	Name of Employer
Retired	Not 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: $10.53

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $10.53

Last Name	First	MI	Contribution ID #
Flagg	Julie		2569

Residential Street Address	City	State	Zip Code
115 Cedar Lake Rd	Chester	CT	06412-1008

Principal Occupation	Name of Employer
Retired	Not 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: $100.00

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $100.00

Last Name	First	MI	Contribution ID #
Lord	Henry	D	2560

Residential Street Address	City	State	Zip Code
313 Audubon Ct	New Haven	CT	06510-1203

Principal Occupation	Name of Employer
Retired	Not 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: $1,000.00

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

If yes, list Event #:

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

Date Received: 07/23/2026

Aggregate Contributions: $1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Phoenix	Diane		2544

Residential Street Address	City	State	Zip Code
302 Old Canterbury Tpke	Norwich	CT	06360-1358

Principal Occupation	Name of Employer
Retired	Not 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: $26.01

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/23/2026	$26.01

Last Name	First	MI	Contribution ID #
Shaw	Michael		2546

Residential Street Address	City	State	Zip Code
255 Carriage Crossing Ln Bldg 13	Middletown	CT	06457-5864

Principal Occupation	Name of Employer
Founder	The Stony Brook Foundation

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

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

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

Amount of Contribution: $256.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/24/2026	$528.01

Last Name	First	MI	Contribution ID #
Kokoszka	Michael		2547

Residential Street Address	City	State	Zip Code
3 Brookview Rd	Cromwell	CT	06416-4507

Principal Occupation	Name of Employer
Retired	Not 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: $8.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/24/2026	$103.01

Last Name	First	MI	Contribution ID #
Sauer	Claire		2561

Residential Street Address	City	State	Zip Code
47 Mitchell Hill Rd	Lyme	CT	06371-3021

Principal Occupation	Name of Employer
Retired	Not 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: $8.00

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

If yes, list Event #:

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

Date Received	Aggregate Contributions
07/24/2026	$64.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Walsh	Nancy	S	2552

Residential Street Address	City	State	Zip Code
7 N Main St Unit 712	Old Saybrook	CT	06475-4248

Principal Occupation	Name of Employer
Retired	Not 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/24/2026	$87.35	$36.34

Last Name	First	MI	Contribution ID #
Albert Link	Cynthia		2553

Residential Street Address	City	State	Zip Code
49 Orchard St	Belmont	MA	02478-3008

Principal Occupation	Name of Employer
Retired	Not 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/24/2026	$250.00	$250.00

Last Name	First	MI	Contribution ID #
Flory	Paul	J	2543

Residential Street Address	City	State	Zip Code
31 Baker Rd	Chester	CT	06412-1128

Principal Occupation	Name of Employer
Retired	Not 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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/25/2026	$100.00	$100.00

Last Name	First	MI	Contribution ID #
Vance	J.	P	2549

Residential Street Address	City	State	Zip Code
24 Summit Rdg	Watertown	CT	06795-1562

Principal Occupation	Name of Employer
Attorney	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

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

If yes, list Event #

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

Date Received	Aggregate Contributions	Amount of Contribution
07/26/2026	$50.00	$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Cunningham	Elisabeth		2563

Residential Street Address	City	State	Zip Code
397 Newton St	Chestnut Hill	MA	02467-2716

Principal Occupation: Architect

Name of Employer: Warner + Cunningham, 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: $15.00

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

If yes, list Event #

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

Date Received: 07/26/2026

Aggregate Contributions: $120.00

Last Name	First	MI	Contribution ID #
Streifer	Philip		2566

Residential Street Address	City	State	Zip Code
1923 SE 27th St	Battle Ground	WA	98604-3163

Principal Occupation: Retired

Name of Employer: Not 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: $8.00

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

If yes, list Event #

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

Date Received: 07/26/2026

Aggregate Contributions: $64.00

Last Name	First	MI	Contribution ID #
Lott	Valentine		2555

Residential Street Address	City	State	Zip Code
8 Fieldstone Dr	Woodbridge	CT	06525-1224

Principal Occupation: Retired

Name of Employer: Not 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: $51.83

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

If yes, list Event #

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

Date Received: 07/27/2026

Aggregate Contributions: $51.83

Last Name	First	MI	Contribution ID #
Shaw	Michael		2545

Residential Street Address	City	State	Zip Code
255 Carriage Crossing Ln Bldg 13	Middletown	CT	06457-5864

Principal Occupation: Founder

Name of Employer: The Stony Brook Foundation

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

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

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

Amount of Contribution: $555.50

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

If yes, list Event #

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

Date Received: 07/27/2026

Aggregate Contributions: $1,083.51

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission): NED for CT

TYPE OF REPORT: Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Beauchemin	David		2562

Residential Street Address	City	State	Zip Code
338 Plaza Dr	Middletown	CT	06457-2598

Principal Occupation	Name of Employer
Retired	Not 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: 07/27/2026

Aggregate Contributions: $45.00

Last Name	First	MI	Contribution ID #
Adler	PJ		2551

Residential Street Address	City	State	Zip Code
6 Hillside Ave	Darien	CT	06820-5010

Principal Occupation	Name of Employer
Retired	Not 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: $26.01

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

If yes, list Event #:

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

Date Received: 07/28/2026

Aggregate Contributions: $26.01

Last Name	First	MI	Contribution ID #
Sosensky	Steven		2542

Residential Street Address	City	State	Zip Code
252 Peck Hill Rd	Woodbridge	CT	06525-1034

Principal Occupation	Name of Employer
Attorney	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: $50.00

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

If yes, list Event #:

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

Date Received: 07/28/2026

Aggregate Contributions: $50.00

Last Name	First	MI	Contribution ID #
Helling	Elizabeth		2556

Residential Street Address	City	State	Zip Code
5 Wickliffe Cir	Bridgeport	CT	06606-1929

Principal Occupation	Name of Employer
Retired	Not 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: $10.00

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

If yes, list Event #:

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

Date Received: 07/28/2026

Aggregate Contributions: $20.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

B. Itemized Contributions from Individuals

Last Name	First	MI	Contribution ID #
Kocum	Eileen		2568

Residential Street Address	City	State	Zip Code
374 Eastbury Hill Rd	Glastonbury	CT	06033-3914

Principal Occupation	Name of Employer
Retired	Retired

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

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

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

Amount of Contribution: $5.00

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

If yes, list Event #

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

Date Received: 07/28/2026

Aggregate Contributions: $176.99

Total of Section B	**$2,858.59**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) *(Total on Line 14, Column A of Summary Page)*	**$2,858.59**

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

I. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Andrew Green	07/27/2026	

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Description	
Refund from Vendor	$358.21

Total of Section I	**$358.21**

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/27/2026	a	Meet and Greet Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
827 Whalley Ave	New Haven	CT	06515-1716

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	☐ Yes ☒ No	(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
07/27/2026	b	Meet and Greet Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
60 Elm St	Hartford	CT	06106

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
Did this fundraiser include items donated by a business entity of up to $200 or items donated by an individual of up to $100?	☐ Yes ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to $100?	☐ Yes ☒ No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by:	Description of Donation			Fair Market Value of Donation
Individual Business Entity Sole Proprietorship	Date Received	Event #	Aggregate value for this event	

Total of Section J3	

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

K. In-Kind Contributions

Name: Nick Simmons

Street Address	City	State	Zip Code
43 Bayberrie Dr	Stamford	CT	06902-1903

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

If yes, list Event#

Description of In-Kind Contribution: Research

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

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

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

Fair Market Value of this Contribution: $3,500.00

Type of Contributor: ☒ Individual ☐ Committee ☐ Sole Proprietorship

Date Received: 07/23/2026

Aggregate contributions: $3,500.00

Total of Section K	$3,500.00

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section L	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
59 Elm Street Partners, LLC	07/22/2026	[X] Check # 181 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 66	New Rochelle	NY	10804-0066

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$19,579.29

Name of Payee	Date of Payment	Method of Payment
AlphaGraphics	07/22/2026	[X] Check # 176 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
16 Dyke Ln	Stamford	CT	06902-7313

Purpose of Expendit	Description	Amount
PRNT	Printing	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,890.90

Name of Payee	Date of Payment	Method of Payment
Amazon	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$104.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/22/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$47.57

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	Date of Payment	Method of Payment
Bonterra	07/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$1.33

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	Date of Payment	Method of Payment
DoorDash	07/22/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$104.65

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Groton Democratic Town Committee	07/22/2026	[X] Check # 177 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Brook St	Groton	CT	06340-5500

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$2,250.00

Name of Payee	Date of Payment	Method of Payment
Home Depot	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
111 Universal Dr	North Haven	CT	06473-3653

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$22.30

Name of Payee	Date of Payment	Method of Payment
Home Depot	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
111 Universal Dr	North Haven	CT	06473-3653

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$227.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Walid A. Jaziri	07/22/2026	[X] Check # 180 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
108 New London Tpke	Norwich	CT	06360-2645

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$4,400.00

Name of Payee	Date of Payment	Method of Payment
Leanne Harpin Makeup Artist	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
189 Halley Ave	Fairfield	CT	06825-5455

Purpose of Expendit	Description	Amount
A-OTH	Makeup Services	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$200.00

Name of Payee	Date of Payment	Method of Payment
Lowe's	07/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
50 Boston Post Rd	Orange	CT	06477-3201

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$143.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Network Solutions, LLC	07/22/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
5335 Gate Pkwy	Jacksonville	FL	32256-3070

Purpose of Expendit	Description	Amount
WEB	Web Hosting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$21.99

Name of Payee	Date of Payment	Method of Payment
New Britain Democratic Town Committee	07/22/2026	[x] Check # 178 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
19 Bassett St	New Britain	CT	06051-3034

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$5,000.00

Name of Payee	Date of Payment	Method of Payment
Stamford Democratic City Committee	07/22/2026	[x] Check # 179 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
97 Acre View Dr	Stamford	CT	06903-2510

Purpose of Expendit	Description	Amount
OVHD	Office Space	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [x] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$8,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Staples	07/23/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
80 Boston Post Rd	Orange	CT	06477-3219

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$343.56

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Tavern on State	07/23/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
969 State St	New Haven	CT	06511-3929

Purpose of Expendit	Description	Amount
FOOD	Catering	$355.31

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

Name of Payee	Date of Payment	Method of Payment
Norman Needleman	07/23/2026	[X] Check # 182 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
9 Foxboro Rd	Essex	CT	06426-1070

Purpose of Expendit	Description	Amount
RMB	Event Catering Reimbursement - See Below if Itemized	$708.74

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):
Event #:

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$128.70

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Frank Pepe Pizza	07/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
163 Wooster St	New Haven	CT	06511-5709

Purpose of Expendit	Description	Amount
FOOD	Meals	$73.30

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Granola Business	07/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1151 Walker Rd Ste 417	Dover	DE	19904-6600

Purpose of Expendit	Description	Amount
OFFICE	Software Subscription	$14.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$27.34

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Amazon	07/23/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$38.64

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$10.25

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee: Break Something Inc.
Date of Payment: 07/24/2026
Method of Payment: [ ] Check # [ ] Debit Card [X] EFT
Street Address: 1802 Vernon St NW # 562
City: Washington
State: DC
Zip Code: 20009-1217
Purpose of Expendit: CNSLT
Description: Digital Consulting
Amount: $6,150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: John Cattan
Date of Payment: 07/24/2026
Method of Payment: [ ] Check # [ ] Debit Card [X] EFT
Street Address: PO Box 457
City: Ridgefield
State: CT
Zip Code: 06877-0457
Purpose of Expendit: RMB
Description: Office Supplies Reimbursement - See Below if Itemized
Amount: $223.13
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: John Cavaliere
Date of Payment: 07/24/2026
Method of Payment: [X] Check # 183 [ ] Debit Card [ ] EFT
Street Address: 827 Whalley Ave
City: New Haven
State: CT
Zip Code: 06515-1716
Purpose of Expendit: Misc *
Description: Venue rental fee for meet-and-greet on 07/27/2026
Amount: $750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #: 07272026a

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Deliver Strategies, LLC	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 100970	Arlington	VA	22210-3970

Purpose of Expendit	Description	Amount
A-DM	Printing	$400,826.92

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	Date of Payment	Method of Payment
Global Strategy Group	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
215 Park Ave S Fl 15	New York	NY	10003-1612

Purpose of Expendit	Description	Amount
POLLS	Polling	$159,500.00

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	Date of Payment	Method of Payment
Logan Granfield	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 457	Ridgefield	CT	06877-0457

Purpose of Expendit	Description	Amount
RMB	Office Supplies Reimbursement - See Below if Itemized	$277.34

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Insomnia Cookies	07/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
242 College St	New Haven	CT	06510-2404

Purpose of Expendit	Description	Amount
FOOD	Meals	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$155.94

Name of Payee	Date of Payment	Method of Payment
NGP VAN	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
OFFICE	Software Subscription	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$7,067.98

Name of Payee	Date of Payment	Method of Payment
Orchestra Group, LLC	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
195 Broadway Fl 26	New York	NY	10007-3257

Purpose of Expendit	Description	Amount
CNSLT	Communications Consulting	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N			$200,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	07/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$105.18

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Primo Brands Corporation	07/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
900 Long Ridge Rd Bldg 2	Stamford	CT	06902-1140

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$158.14

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
RAWA Mediterranean Fusion	07/24/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
838 Whalley Ave	New Haven	CT	06515-1779

Purpose of Expendit	Description	Amount
FOOD	Catering	$952.72

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		07272026a

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SKDKnickerbocker	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1150 18th St NW Ste 800	Washington	DC	20036-3845

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$162,875.99

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	Date of Payment	Method of Payment
SKDKnickerbocker	07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1150 18th St NW Ste 800	Washington	DC	20036-3845

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$494,480.69

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	Date of Payment	Method of Payment
SKDKnickerbocker	07/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1150 18th St NW Ste 800	Washington	DC	20036-3845

Purpose of Expendit	Description	Amount
A-TV	Ad Buy	$162,875.00

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
The Home Depot	07/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
503 New Park Ave	West Hartford	CT	06110-1326

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$192.43

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	Date of Payment	Method of Payment
314 Beer Garden	07/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
314 Wilson Ave	Norwalk	CT	06854-4654

Purpose of Expendit	Description	Amount
FOOD	Event Space	$1,000.00

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	Date of Payment	Method of Payment
DoorDash	07/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$132.59

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DoorDash	07/27/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
303 2nd St Fl 8	San Francisco	CA	94107-1366

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$31.58

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$37.37

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$18.51

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/28/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$2.98

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Bonterra	07/28/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
10801 N Mopac Expy Ste 300	Austin	TX	78759-5459

Purpose of Expendit	Description	Amount
CCP	Credit Card Processing Fee	$24.25

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Diamond Standard Hospitality	07/28/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
80 Seymour St	Hartford	CT	06102-8000

Purpose of Expendit	Description	Amount
FOOD	Catering	$1,595.25

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		07272026b

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	07/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$166.82

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	Date of Payment	Method of Payment
Amazon	07/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
410 Terry Ave N	Seattle	WA	98109-5210

Purpose of Expendit	Description	Amount
OFFICE	Office Supplies	$57.92

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	Date of Payment	Method of Payment
El Sol News	07/28/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
17 Relay Pl	Stamford	CT	06901-2821

Purpose of Expendit	Description	Amount
A-NEWS	Print Advertising	$500.00

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Podchaser	07/28/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2326 SW 122nd St	Oklahoma City	OK	73170-4800

Purpose of Expendit	Description	Amount
WEB	Software Subscription	$30.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [x] No

If yes, assign an Expenditure # and complete Itemization in Addendum N

Expenditure # (if applicable):

Event #:

Total of Section N **$1,645,381.94**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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
NED for CT	Second Weekly Supplemental Filing Primary - Original

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa / Master Card / Discover / American Express / Other

Name of Vendor	Date of Transaction

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Amount

Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes / No If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor	Date Incurred
Face 360 Events	07/27/2026

Street Address	City	State	Zip Code
27 Sycamore Rd	Bloomfield	CT	06002-2516

Purpose of Expenditure (by code)	Description	Amount Incurred (Estimate or Actual)
Misc *	Event Production Services	$300.00

Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes / ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #

Total of Section Q	$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Needleman	Norman		07/23/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Scotch Plains Tavern			
Street Address of Vendor	**City**	**State**	**Zip Code**
124 Westbrook Rd	Essex	CT	06426-1551

Purpose of Expenditure (by code)	Description
FOOD	Event Catering

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$708.74

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Granfield	Logan		07/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant			
Staples			
Street Address of Vendor	**City**	**State**	**Zip Code**
80 Boston Post Rd	Orange	CT	06477-3219

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$18.04

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Granfield	Logan		07/24/2026	[X] Check # [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: The Home Depot

Street Address of Vendor	City	State	Zip Code
503 New Park Ave	West Hartford	CT	06110-1326

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$259.30

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$42.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
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Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
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Adobe			
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345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

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345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
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Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
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Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
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Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
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Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant			
Adobe			
Street Address of Vendor	**City**	**State**	**Zip Code**
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$5.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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:
Cattan	John		07/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Name of Vendor Paid by Committee Worker/Consultant: Adobe

Street Address of Vendor	City	State	Zip Code
345 Park Ave	San Jose	CA	95110-2704

Purpose of Expenditure (by code)	Description
OFFICE	Office Supplies

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R			$53.16

Total of Section R	**$1,209.21**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
NED for CT	Second Weekly Supplemental Filing Primary - Original

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