



COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE			
Iris Sanchez for State Rep.				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee			
3. TREASURER NAME							
First Carlo		MI	Last Carlozzi			Suffix Jr	
4. TREASURER ADDRESS							
Street Address 547 Slater Rd			City New Britain		State CT	Zip Code 06053	
5. ELECTION DATE		6. OFFICE SOUGHT (Complete only if Candidate Committee)				7. DISTRICT NUMBER (if applicable)	
01/06/2026		State Representative				R025	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)							
First Iris		MI N	Last Sanchez			Suffix	
9. TYPE OF REPORT							
Supplemental Termination Report 1 (Non Standard) - Original							
10. PERIOD COVERED							
		Beginning Date		Ending Date			
		03/25/2026		thru		06/11/2026	
11. CERTIFICATION							
<input checked="" type="checkbox"/> 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		Carlo Carlozzi			06/12/2026 11:41:40AM		
SIGNATURE		PRINT NAME OF THE SIGNER			DATE CERTIFIED		
<p>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.</p>							

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	
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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	\$165.67	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$5,000.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$27,370.03
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$32,370.03
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$165.67	\$32,370.03
20. Expenses Paid by Committee (Section N)	\$165.67	\$32,370.03
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$0.00	\$0.00
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	
Iris Sanchez for State Rep.		Supplemental Termination Report 1 (Non Standard) - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals			
Last Name	First	MI	Contribution ID #
Residential Street Address	City	State	Zip Code
Principal Occupation	Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?	Yes	No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?
If yes, indicate which branch or branches of government the contract is with:	Executive	Legislative	Yes
			No
Is this contribution associated with an event reported in Section J1?	Yes	No	Amount of Contribution
If yes, list Event #	Method of contribution:	Date Received	Aggregate Contributions
	Cash	Personal Check	
	Money Order	Credit/Debit Card	
Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			(Sections A + B) (Total on Line 14, Column A of Summary Page)

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Iris Sanchez for State Rep.		Supplemental Termination Report 1 (Non Standard) - Original	
C1. Contributions from Other Committees			
Name of Committee		Name of Treasurer	
Address	Is this contribution associated with an event reported in Section J1?		Amount of Contribution
	Yes		No
	If yes, list Event #		
City	State	Zip Code	Date Received
			Aggregate Contributions
Total of Section C1			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Iris Sanchez for State Rep.				Supplemental Termination Report 1 (Non Standard) - 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	
Iris Sanchez for State Rep.				Supplemental Termination Report 1 (Non Standard) - Original	
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)					
Street Address		City	Stat	Zip Code	Amount Received
					Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - Original

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

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment	Primary General Election Special Election		
Supplemental/Post Election Deficit			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Iris Sanchez for State Rep.				Supplemental Termination Report 1 (Non Standard) - Original	
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	
Iris Sanchez for State Rep.				Supplemental Termination Report 1 (Non Standard) - Original	
J1. Event Information					
Event #	Description			Was this a fundraising event?	
Date of Event	Letter			Yes	No
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	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.		
		No			
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	If yes, to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
Total of Section J1					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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	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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1?	Yes No	Description of In-Kind Contribution	
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution
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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - Original

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			
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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - Original
N. Expenses Paid By Committee	

Name of Payee Webster Bank	Date of Payment 03/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 191	City Waterbury	State CT	Zip Code 06720
Purpose of Expendit BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$15.00

Name of Payee Webster Bank	Date of Payment 04/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 191	City Waterbury	State CT	Zip Code 06720
Purpose of Expendit BNK	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$15.00

Name of Payee Citizen Election Fund	Date of Payment 05/01/2026	Method of Payment <input checked="" type="checkbox"/> Check # <u>115</u> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Farmington Ave	City Hartford	State CT	Zip Code 06032
Purpose of Expendit CEF	Description		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum N	Expenditure # (if applicable)	Event #	\$135.67

Total of Section N**\$165.67**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					Supplemental Termination Report 1 (Non Standard) - 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	
Purpose of Expenditure (by code)		Description			Event #	
						Amount
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Iris Sanchez for State Rep.					Supplemental Termination Report 1 (Non Standard) - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> 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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - Original

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
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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: 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 (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Iris Sanchez for State Rep.	Supplemental Termination Report 1 (Non Standard) - 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