SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised 2024

Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE	2. ELECTION/REFERENDUM DATE
Hands Off Our Schools	

3. TREASURER NAME

First	MI	Last	Suffix
Andrew		**Brooks**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
43 Park Pl	**New Canaan**	**CT**	**06840**

5. TYPE OF REPORT

July 10 Filing - Original

6. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

7. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.
Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national.

Electronic Filing	**Andrew Brooks**	**07/10/2026 10:21:48PM**
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Hands Off Our Schools	**July 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		**$113,027.10**
9. Balance on hand at the beginning of Reporting Period	**$188,602.00**	
10. Monetary Receipts (Section A and B)	**$56,500.00**	**$161,250.00**
11. Loans (Section C)	**$0.00**	**$0.00**
12. Total Monetary Receipts (add totals for lines 10 through 11)	**$56,500.00**	**$161,250.00**
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	**$245,102.00**	**$274,277.10**
14. Expenses Paid by Committee (Section G)	**$29,186.49**	**$58,361.59**
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	**$215,915.51**	**$215,915.51**
16. In-Kind Contributions Received (Section D)	**$0.00**	**$0.00**
17. Refundable Deposit to Telephone Company (Section E)	**$0.00**	**$0.00**
18. Beginning Loan Balance	**$0.00**	
18a. + Loans Received (Section C)	**$0.00**	**$0.00**
18b. + Interest and Penalties on Loan	**$0.00**	**$0.00**
18c. - Payments on Loan	**$0.00**	**$0.00**
18d. Total Outstanding Loan Amount	**$0.00**	
19. Expenses Incurred on Committee Credit Card (Section H)	**$95.06**	**$181.50**
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	**$3,428.00**	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	**$3,428.00**	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY
(See instructions for definition of Small Individual Contributor)
Subtotal Section A **$0.00**

B. Itemized Monetary Receipts

Name: David Ryan Brumberg

Street Address: 9 Cameron Dr | City: Greenwich | State: CT | Zip Code: 06831

Principal Occupation (if applicable): Partner | Name of Employer (if applicable): A Priori Investment Management LLC

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No
If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $5,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $5,000.00

Description (if applicable)

Date Received: 04/27/2026

Name: Frank Stone

Street Address: 88 Minuteman Rd | City: Ridgefield | State: CT | Zip Code: 06877

Principal Occupation (if applicable): Investment Advisor | Name of Employer (if applicable): Titan Advisors

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No
If yes, list Event #

Method of Receipt: [ ] Cash [x] Check [ ] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $1,500.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No
If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $1,000.00

Description (if applicable)

Date Received: 04/16/2026

Name: Cynthia L. Vanneck

Street Address: 876 North St . | City: Greenwich | State: CT | Zip Code: 06831

Principal Occupation (if applicable): Retired | Name of Employer (if applicable): Retired

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [x] Check [ ] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $500.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

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

Amount Received: $500.00

Description (if applicable)

Date Received: 04/16/2026

Name: George Fox

Street Address: 1 Broad St # 29 EF | City: Stamford | State: CT | Zip Code: 06901

Principal Occupation (if applicable): President | Name of Employer (if applicable): Titan Advisors

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $180,000.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

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

Amount Received: $50,000.00

Description (if applicable)

Date Received: 04/08/2026

Total of Section B	**$56,500.00**
TOTAL OF ALL RECEIPTS (Sections A & B) *(Total on Line 10 of Summary Page)*	**$56,500.00**

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

C. Loans Received this Period

Name of Lender	Source of Loan: Bank Individual Committee 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	State	Zip Code	
			Total of Section C	

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

D. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	Date Received	Aggregate Receipts	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	Is contributor a state contractor, prospective state contractor or principal thereof? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? Yes No If yes, list Event#	Description of In-Kind Contribution		
		Total of Section D	

I. Receipts (Sections A - E

NAME OF COMMITTEE	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

E. 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 E	

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

F. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No	
Location: Street Address	City	State	Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TD Bank, N.A.	04/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
380 Main Ave	Norwalk	CT	06851

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Credit Card Payment	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CCP	G		☐ Yes ☒ No	$11.93

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

Name of Payee	Date of Payment	Method of Payment
TD BANK, N.A.	04/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
380 Main Ave	Norwalk	CT	06851

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	Transaction Fee	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	BNK	G		☐ Yes ☒ No	$15.00

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TD Bank, N.A.	05/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
380 Main Ave	Norwalk	CT	06851

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Credit Card Payment	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CCP	G		☐ Yes ☒ No	$25.00

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

Name of Payee	Date of Payment	Method of Payment
TD Bank, N.A.	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
380 Main Ave	Norwalk	CT	06851

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Credit Card Payment	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CCP	G		☐ Yes ☒ No	$39.02

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	☐ Final or Full Payment ☐ Partial with Balance Owing
☐ Yes ☒ No		I		

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gen2 Solutions, LLC	06/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3001 Washington Blvd Fl 7	Arlington	VA	22201

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
[ ] Yes [X] No If yes, complete Section G. Addendum	POLLING	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
[ ] Yes [X] No	POLLS	G		[ ] Yes [X] No	$24,700.00

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
[X] Yes [ ] No		I	616443	[X] Final or Full Payment [ ] Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Gen2 Solutions, LLC	06/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
3001 Washington Blvd Fl 7	Arlington	VA	22201

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
[ ] Yes [X] No If yes, complete Section G. Addendum	Texting	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
Erin Stewart	Governor	[ ] Supported [X] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
[ ] Yes [X] No	A-OTH	G		[ ] Yes [X] No	$847.00

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
[X] Yes [ ] No		I	616445	[X] Final or Full Payment [ ] Partial with Balance Owing

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Gen2 Solutions, LLC	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3001 Washington Blvd Fl 7	Arlington	VA	22201

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Mailer Printing and Production	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
Erin Stewart	Governor	☐ Supported ☒ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	A-DM	G		☐ Yes ☒ No	$3,398.54

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
SAGE Advisory Group LLC	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
7816 Rose Garden Ln	Springfield	VA	22153

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	COMPLIANCE & BOOKKEEPING	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
		☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CNSLT	G		☐ Yes ☒ No	$150.00

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Total of Section G	**$29,186.49**

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: TD BANK

Type of Credit Card: [X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity: Google Workspace

Date of Transaction: 04/01/2026

Street Address: 1600 Amphitheatre Pkwy

City: Mountain View

State: CA

Zip Code: 94043

If an Independent Expenditure, is it on behalf of more than one candidate? [ ] Yes [ ] No — If yes, complete Section H. Addendum

Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum): Subscription

Event #:

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum):

Office Sought:

[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum [ ] Yes [X] No

Purpose of Expenditure (by code): WEB

Expenditure Number — Section: H — Number:

Associated with Referendum? [ ] Yes [X] No

Amount: $14.89

Name of Issuing Institution: TD BANK

Type of Credit Card: [X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity: TD Bank, N.A.

Date of Transaction: 04/03/2026

Street Address: 380 Main Ave

City: Norwalk

State: CT

Zip Code: 06851

If an Independent Expenditure, is it on behalf of more than one candidate? [ ] Yes [ ] No — If yes, complete Section H. Addendum

Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum): Credit card fee

Event #:

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum):

Office Sought:

[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum [ ] Yes [X] No

Purpose of Expenditure (by code): BNK

Expenditure Number — Section: H — Number:

Associated with Referendum? [ ] Yes [X] No

Amount: $1.00

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
TD BANK	[X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity	Date of Transaction
Anytime Mailbox	04/05/2026

Street Address	City	State	Zip Code
2831 St Rose Pkwy	Henderson	NV	89052

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section H. Addendum)	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)	Event #
[ ] Yes [ ] No	Mailbox	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
[ ] Yes [X] No	OVHD	H		[ ] Yes [X] No	$5.16

Name of Issuing Institution	Type of Credit Card:
TD BANK	[X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity	Date of Transaction
Anytime Mailbox	04/24/2026

Street Address	City	State	Zip Code
2831 St Rose Pkwy	Henderson	NV	89052

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section H. Addendum)	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)	Event #
[ ] Yes [ ] No	Mailbox	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
[ ] Yes [X] No	OVHD	H		[ ] Yes [X] No	$25.00

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card:
TD BANK	[X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity	Date of Transaction
Google Workspace	05/01/2026

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum	Event #
[ ] Yes [ ] No If yes, complete Section H. Addendum	Subscription	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
[ ] Yes [X] No	WEB	H		[ ] Yes [X] No	$14.89

Name of Issuing Institution	Type of Credit Card:
TD BANK	[X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity	Date of Transaction
Anytime Mailbox	05/06/2026

Street Address	City	State	Zip Code
2831 St Rose Pkwy	Henderson	NV	89052

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum	Event #
[ ] Yes [ ] No If yes, complete Section H. Addendum	Mailbox	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)	Office Sought	[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
[ ] Yes [X] No	OVHD	H		[ ] Yes [X] No	$9.99

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution: TD BANK

Type of Credit Card: [X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity: Google Workspace

Date of Transaction: 06/01/2026

Street Address: 1600 Amphitheatre Pkwy

City: Mountain View

State: CA

Zip Code: 94043

If an Independent Expenditure, is it on behalf of more than one candidate? [ ] Yes [ ] No — If yes, complete Section H. Addendum

Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum): Subscription

Event #:

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum):

Office Sought:

[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum [ ] Yes [X] No

Purpose of Expenditure (by code): WEB

Expenditure Number — Section: H — Number:

Associated with Referendum? [ ] Yes [X] No

Amount: $14.14

Name of Issuing Institution: TD BANK

Type of Credit Card: [X] Visa [ ] Master Card [ ] Discover [ ] American Express [ ] Other

Name of Vendor, Person or Entity: Anytime Mailbox

Date of Transaction: 06/06/2026

Street Address: 2831 St Rose Pkwy

City: Henderson

State: NV

Zip Code: 89052

If an Independent Expenditure, is it on behalf of more than one candidate? [ ] Yes [ ] No — If yes, complete Section H. Addendum

Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum): Mailbox

Event #:

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum):

Office Sought:

[ ] Supported [ ] Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum [ ] Yes [X] No

Purpose of Expenditure (by code): OVHD

Expenditure Number — Section: H — Number:

Associated with Referendum? [ ] Yes [X] No

Amount: $9.99

Total of Section H	**$95.06**

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

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

Name of Creditor	Date Incurred
Dickinson Wright PLLC	04/22/2026

Street Address	City	State	Zip Code
1825 Eye St Ste 900	Washington	DC	20006

If an Independent Expenditure, is it on behalf of more than one candidate?	Description	Event #
☐ Yes ☒ No If yes, complete Section I. Addendum	Legal fees	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
☐ Yes ☒ No	Misc *	I		☐ Yes ☒ No	$2,428.00

Name of Creditor	Date Incurred
SAGE Advisory Group LLC	05/31/2026

Street Address	City	State	Zip Code
7816 Rose Garden Ln	Springfield	VA	22153

If an Independent Expenditure, is it on behalf of more than one candidate?	Description	Event #
☐ Yes ☐ No If yes, complete Section I. Addendum	COMPLIANCE & BOOKKEEPING	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CNSLT	I		☐ Yes ☒ No	$500.00

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

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

Name of Creditor	Date Incurred
SAGE Advisory Group LLC	06/30/2026

Street Address	City	State	Zip Code
7816 Rose Garden Ln	Springfield	VA	22153

If an Independent Expenditure, is it on behalf of more than one candidate?	Description	Event #
☐ Yes ☐ No If yes, complete Section I. Addendum	COMPLIANCE & BOOKKEEPING	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)	Office Sought	☐ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	CNSLT	I		☐ Yes ☒ No	$500.00

Total of Section I	**$3,428.00**

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

J. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section G Check # Debit Card EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

If an Independent Expenditure, is it on behalf of more than one Candidate? Yes No If yes, complete Section J. Addendum	Description	Event #

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum	Office Sought	Supported Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section J / Number	Associated with Referendum? Yes No	Amount

Total of Section J	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number Section / Number

Address of Person Making Contribution - City	State	Zip Code

Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	July 10 Filing - Original

L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section	Number

Name of Person Making Covered Transfer to Person Reported in Section K

Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G	**Total Amount of the Expenditure**
G	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported / Opposed	Amount Allocated

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	**Total Amount of Expenditure**
H	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	**Total Amount of the Expenditure**
I	

Description	Expenditure Code

Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J	Total Amount of the Expenditure
J	

Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated