



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Ned for CT			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Eloisa	MI	Last Melendez		Suffix	
4. TREASURER ADDRESS					
Street Address 236 Flax Hill Rd Fl 1	City Norwalk	State CT	Zip Code 06854		
5. ELECTION DATE 11/08/2022	6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor			7. DISTRICT NUMBER (if applicable)	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Edward	MI M	Last Lamont		Suffix	
9. TYPE OF REPORT					
April 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
01/01/2022		thru		03/31/2022	
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	Eloisa Melendez	04/11/2022 5:30:10PM			
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	April 10 Filing - 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	\$106,296.85	
14. Contributions received from Individuals (Section A and B)	\$13,998.14	\$13,998.14
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$1,150,196.74	\$1,360,197.20
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)	\$1,164,194.88	\$1,374,195.34
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$1,270,491.73	\$1,374,195.34
20. Expenses Paid by Committee (Section N)	\$639,091.71	\$742,795.32
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$631,400.02	\$631,400.02
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)	\$26,925.85	\$26,925.85
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)	\$13.45	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$13.45	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Svob	First Sienna	MI	Contribution ID # 0067
Residential Street Address 4 Orne Sq	City Salem	State MA	Zip Code 01970-3017
Principal Occupation Developer	Name of Employer Blue State		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/16/2022	Aggregate Contributions \$1.00
		Amount of Contribution \$1.00	

Last Name Morrocco	First Daniel	MI L	Contribution ID # 0047
Residential Street Address 11 High View Dr	City Cranston	State RI	Zip Code 02921-1324
Principal Occupation Campaign Manager	Name of Employer Ned for CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/17/2022	Aggregate Contributions \$5.36
		Amount of Contribution \$5.36	

Last Name Barbeau	First Deirdre	MI CT	Contribution ID # 0011
Residential Street Address 66 Hangdog Ln	City Somers	State CT	Zip Code 06071-1322
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/21/2022	Aggregate Contributions \$258.32
		Amount of Contribution \$258.32	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Birdwhistell	First Nan	MI	Contribution ID # 0008
Residential Street Address 9 Tyler Ave	City Branford	State CT	Zip Code 06405-5306
Principal Occupation Attorney	Name of Employer Murtha, Cullina		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/24/2022
		Aggregate Contributions \$500.00	Amount of Contribution \$500.00

Last Name King	First Erin	MI	Contribution ID # 0048
Residential Street Address 14 Whitney Ct	City Plymouth	State CT	Zip Code 06782-2123
Principal Occupation Program Manager	Name of Employer Centene Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/26/2022
		Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Merrill	First Thomas	MI	Contribution ID # 0049
Residential Street Address 46 Hotchkiss Ln	City Madison	State CT	Zip Code 06443-3221
Principal Occupation Attorney	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 02/27/2022
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

Last Name Paradisi	First Dante	MI	Contribution ID # 0039
Residential Street Address 54 Gunntown Rd	City Naugatuck	State CT	Zip Code 06770-3625
Principal Occupation Quality Inspection	Name of Employer Sikorsky Aircraft		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/02/2022
		Aggregate Contributions \$250.00	Amount of Contribution \$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Arends	First Lisa	MI	Contribution ID # 0002
Residential Street Address 533 Allen Hill Rd	City Brooklyn	State CT	Zip Code 06234-2504
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/06/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Barhorst	First Tyler	MI	Contribution ID # 0012
Residential Street Address 15 Kazersky Dr	City Wallingford	State CT	Zip Code 06492-5600
Principal Occupation Attorney	Name of Employer Carrano Law Firm LLC		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/08/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

Last Name Varrichio	First Elizabeth	MI	Contribution ID # 0068
Residential Street Address 157 Lindberg St	City Torrington	State CT	Zip Code 06790-3434
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/09/2022	Aggregate Contributions \$26.01
		Amount of Contribution \$26.01	

Last Name DeLeonardo	First Ross	MI	Contribution ID # 0017
Residential Street Address 166 W River St	City Milford	State CT	Zip Code 06460-3410
Principal Occupation Physician	Name of Employer Greater Bridgeport Mental Health		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/10/2022	Aggregate Contributions \$26.01
		Amount of Contribution \$26.01	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Blumenthal	First Cynthia	MI	Contribution ID # 0007
Residential Street Address 145 Clapboard Ridge Rd	City Greenwich	State CT	Zip Code 06831-3304
Principal Occupation Private Investor	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2022
		Aggregate Contributions \$3,500.00	Amount of Contribution \$3,500.00

Last Name Pierce	First Halle L	MI	Contribution ID # 0069
Residential Street Address 759 Mix Ave Apt A	City Hamden	State CT	Zip Code 06514-2221
Principal Occupation Not Employed	Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2022
		Aggregate Contributions \$10.53	Amount of Contribution \$10.53

Last Name O'Connell	First John	MI	Contribution ID # 0050
Residential Street Address 18 Tower Ln	City New Haven	State CT	Zip Code 06519-1764
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2022
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name Lake	First eileen	MI	Contribution ID # 0051
Residential Street Address 148 Spithead Rd	City Waterford	State CT	Zip Code 06385-1922
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/11/2022
		Aggregate Contributions \$15.00	Amount of Contribution \$15.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lurato	First Patricia	MI	Contribution ID # 0052
Residential Street Address 235 Willowbrook Ave	City Stamford	State CT	Zip Code 06902-7020
Principal Occupation Sales Director	Name of Employer Frontier Communications.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2022	Aggregate Contributions \$51.83
			Amount of Contribution \$51.83

Last Name Aduba	First Peter	MI	Contribution ID # 0001
Residential Street Address 8 Pulaski St	City Torrington	State CT	Zip Code 06790-4635
Principal Occupation Clergyman	Name of Employer Church		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/12/2022	Aggregate Contributions \$6.00
			Amount of Contribution \$6.00

Last Name Brooner	First Samuel	MI	Contribution ID # 0009
Residential Street Address 33 Oak Ridge Dr	City Newtown	State CT	Zip Code 06470-2458
Principal Occupation EVP Chief Strategy & Innovation Officer	Name of Employer W.R. Berkley Corp.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2022	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Jamar	First Benoit	MI	Contribution ID # 0032
Residential Street Address 29 Raiders Ln	City Darien	State CT	Zip Code 06820-6020
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2022	Aggregate Contributions \$3,500.00
			Amount of Contribution \$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fleury	First Lorraine	MI	Contribution ID # 0042
Residential Street Address 41 Henry St Apt C4	City Norwich	State CT	Zip Code 06360-7421
Principal Occupation Clinical Social Worker Associate	Name of Employer State of CT, DCF Milford Office		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/15/2022	Aggregate Contributions \$500.00
		Amount of Contribution \$500.00	

Last Name Farmer	First Sharon	MI	Contribution ID # 0018
Residential Street Address 38 Mine Rd	City Burlington	State CT	Zip Code 06013-2418
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/16/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Cardoni Jasieniecki	First Gloria	MI	Contribution ID # 0013
Residential Street Address 140 Flagg Rd Apt L	City West Hartford	State CT	Zip Code 06117-2310
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2022	Aggregate Contributions \$26.01
		Amount of Contribution \$26.01	

Last Name Gill	First Theodore	MI	Contribution ID # 0046
Residential Street Address 1410 Whitney Ave Apt A1	City Hamden	State CT	Zip Code 06517-2436
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/17/2022	Aggregate Contributions \$20.00
		Amount of Contribution \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lindor	First Serge	MI	Contribution ID # 0045
Residential Street Address PO Box 342	City New Britain	State CT	Zip Code 06050-0342
Principal Occupation Security Officer	Name of Employer AUS		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2022	Aggregate Contributions \$22.92
			Amount of Contribution \$22.92

Last Name Krantz	First Thomas	MI	Contribution ID # 0041
Residential Street Address 143 Hoyt St Apt 5L	City Stamford	State CT	Zip Code 06905-5750
Principal Occupation Consultant	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2022	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Fuzesi Jr	First Stephen	MI	Contribution ID # 0037
Residential Street Address 3 Castle Ct	City Greenwich	State CT	Zip Code 06830-4001
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/18/2022	Aggregate Contributions \$250.00
			Amount of Contribution \$250.00

Last Name Kearns	First Kenneth	MI	Contribution ID # 0038
Residential Street Address 12 Riverside St	City Portland	State CT	Zip Code 06480-1925
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022	Aggregate Contributions \$26.01
			Amount of Contribution \$26.01

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lincoln	First Jonathan	MI	Contribution ID # 0031
Residential Street Address 37 Hillwood Dr	City Niantic	State CT	Zip Code 06357-1824
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022
		Aggregate Contributions \$10.00	Amount of Contribution \$10.00

Last Name DeCarlo	First Ann	MI	Contribution ID # 0019
Residential Street Address 81 Malvern Hill Rd	City Watertown	State CT	Zip Code 06795-1751
Principal Occupation Teacher	Name of Employer Dept. of Education		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022
		Aggregate Contributions \$5.00	Amount of Contribution \$5.00

Last Name Davino	First Steven	MI	Contribution ID # 0020
Residential Street Address 47 Woodhaven Dr	City Burlington	State CT	Zip Code 06013-2401
Principal Occupation Mental Health Assistant 1	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022
		Aggregate Contributions \$6.40	Amount of Contribution \$6.40

Last Name Concepcion	First Jose	MI L	Contribution ID # 0021
Residential Street Address 46 Jackson St	City New Britain	State CT	Zip Code 06053-3011
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022
		Aggregate Contributions \$25.00	Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Chokshi	First Girish	MI	Contribution ID # 0010
Residential Street Address 21 Mystique Ln	City Cromwell	State CT	Zip Code 06416-4403
Principal Occupation Accountant	Name of Employer CMR PC		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/19/2022	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Fiorito	First Barbara	MI	Contribution ID # 0044
Residential Street Address 35 Kensett Ln	City Darien	State CT	Zip Code 06820-2438
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input checked="" type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/19/2022	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Thornton	First Domenique	MI	Contribution ID # 0061
Residential Street Address 168 Timber Ridge Rd	City Middletown	State CT	Zip Code 06457-1538
Principal Occupation ESBR member	Name of Employer State of CT		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/19/2022	Aggregate Contributions \$50.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$50.00	

Last Name Wemett	First David	MI	Contribution ID # 0062
Residential Street Address 42 Vivian St	City Newington	State CT	Zip Code 06111-3749
Principal Occupation Naturalist	Name of Employer Connecticut Forest		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? If yes, list Event #		Date Received 03/19/2022	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Pavlakis	First Elizabeth	MI	Contribution ID # 0053
Residential Street Address 33 Cold Spring Rd	City Avon	State CT	Zip Code 06001-4052
Principal Occupation Editor	Name of Employer Travelers		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022	Aggregate Contributions \$10.53
			Amount of Contribution \$10.53

Last Name Rath	First Kristina	MI	Contribution ID # 0066
Residential Street Address 681 Opening Hill Rd	City Madison	State CT	Zip Code 06443-1742
Principal Occupation Physician	Name of Employer CT Medical Group		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/19/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Pierce	First Halle L	MI	Contribution ID # 0070
Residential Street Address 759 Mix Ave Apt A	City Hamden	State CT	Zip Code 06514-2221
Principal Occupation Not Employed	Name of Employer Not Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2022	Aggregate Contributions \$16.93
			Amount of Contribution \$6.40

Last Name Arzeno	First Hector	MI	Contribution ID # 0003
Residential Street Address 215 Valley Rd	City Cos Cob	State CT	Zip Code 06807-2213
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2022	Aggregate Contributions \$155.08
			Amount of Contribution \$155.08

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Balschi	First Elizabeth	MI	Contribution ID # 0004
Residential Street Address 516 Lake Dr	City Guilford	State CT	Zip Code 06437-1160
Principal Occupation Managing Partner	Name of Employer Valuing Change LLC		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Kerr	First Roger	MI	Contribution ID # 0034
Residential Street Address 96 Hemlock Dr	City Stamford	State CT	Zip Code 06902-1811
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/20/2022	Aggregate Contributions \$26.01
		Amount of Contribution \$26.01	

Last Name Da Silva	First Manny	MI	Contribution ID # 0022
Residential Street Address 504 Bennetts Farm Rd	City Ridgefield	State CT	Zip Code 06877-2230
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Fisher	First Tyler	MI	Contribution ID # 0054
Residential Street Address 55 Cullen Ave	City West Haven	State CT	Zip Code 06516-1235
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount of Contribution			
Is this contribution associated with an event reported in Section J1? If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/21/2022	Aggregate Contributions \$25.00
		Amount of Contribution \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name O'Brien	First Tim	MI	Contribution ID # 0055
Residential Street Address 25 S High St	City New Britain	State CT	Zip Code 06051-2224
Principal Occupation Analyst	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2022	Aggregate Contributions \$103.45
			Amount of Contribution \$103.45

Last Name Lawrence	First Ted	MI	Contribution ID # 0043
Residential Street Address 72 Jacobs Ter	City Middletown	State CT	Zip Code 06457-4129
Principal Occupation School Bus Driver	Name of Employer M&J Bus Co, Inc		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/22/2022	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Rogers	First Katrease	MI	Contribution ID # 0071
Residential Street Address 1078 New Britain Ave Apt 425	City West Hartford	State CT	Zip Code 06110-2434
Principal Occupation Not Employed	Name of Employer Not Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Domijan	First Lorraine	MI	Contribution ID # 0023
Residential Street Address 750 N Main St	City Norwich	State CT	Zip Code 06360-2809
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/23/2022	Aggregate Contributions \$10.53
			Amount of Contribution \$10.53

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Aresimowicz	First Joseph	MI	Contribution ID # 0005
Residential Street Address 127 Clock Shop Dr	City Berlin	State CT	Zip Code 06037-3321
Principal Occupation Lobbyist	Name of Employer Gaffney Bennett & Associates		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$103.45
			Amount of Contribution \$103.45

Last Name Kincaid	First Jeremy	MI	Contribution ID # 0035
Residential Street Address 79 Lewis St	City Torrington	State CT	Zip Code 06790-6705
Principal Occupation Teacher	Name of Employer Kelly Services, LLC.		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$40.00
			Amount of Contribution \$40.00

Last Name Dalessandro	First Marjorie	MI	Contribution ID # 0015
Residential Street Address 1000 Harbor View Dr	City Rocky Hill	State CT	Zip Code 06067-1582
Principal Occupation Nurses Aid	Name of Employer Right@Home care		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$10.00
			Amount of Contribution \$10.00

Last Name Pemberton	First Julia	MI	Contribution ID # 0072
Residential Street Address 159 Umpawaug Rd	City Redding	State CT	Zip Code 06896-2211
Principal Occupation First Selectwoman	Name of Employer Town of Redding		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Meier	First Steven	MI	Contribution ID # 0056
Residential Street Address 12 Squire Rd	City Roxbury	State CT	Zip Code 06783-1715
Principal Occupation Attorney	Name of Employer Self Employed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name McCurdy	First Everton	MI	Contribution ID # 0057
Residential Street Address 2175 Boulevard	City West Hartford	State CT	Zip Code 06107-2607
Principal Occupation Sales	Name of Employer Clark's USA		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/24/2022	Aggregate Contributions \$51.83
			Amount of Contribution \$51.83

Last Name Trainor	First Jennifer	MI	Contribution ID # 0064
Residential Street Address 152 Indian Rd	City Piedmont	State CA	Zip Code 94610-1223
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$2,065.20
			Amount of Contribution \$2,065.20

Last Name Ives	First Richard	MI	Contribution ID # 0036
Residential Street Address 389 Pomfret Rd	City Brooklyn	State CT	Zip Code 06234-1523
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$103.45
			Amount of Contribution \$103.45

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Aviles	First Kenneth	MI	Contribution ID # 0006
Residential Street Address 18 Avenue B	City Norwalk	State CT	Zip Code 06854-2624
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Farina	First Michael	MI	Contribution ID # 0024
Residential Street Address 54 Robert Rd	City Manchester	State CT	Zip Code 06040-4520
Principal Occupation Professor	Name of Employer Yale University		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Currey	First Melody	MI	Contribution ID # 0025
Residential Street Address 14 Martin Cir	City East Hartford	State CT	Zip Code 06118-1119
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$51.83
			Amount of Contribution \$51.83

Last Name Egan	First Mimi	MI	Contribution ID # 0026
Residential Street Address 23 Graves Ave	City Guilford	State CT	Zip Code 06437-2625
Principal Occupation Not Employed	Name of Employer Not Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferrara	First Richard	MI	Contribution ID # 0027
Residential Street Address 75 Obtuse Rd S	City Brookfield	State CT	Zip Code 06804-3629
Principal Occupation Locomotive Engineer	Name of Employer MTA Metro-North		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/25/2022	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Joobeur	First Adel	MI	Contribution ID # 0058
Residential Street Address 170 Carmen Rd	City Milford	State CT	Zip Code 06460-7547
Principal Occupation Engineer	Name of Employer Asml		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/26/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Pfeifer	First Eugene	MI	Contribution ID # 0073
Residential Street Address 7 Island Rd	City Stonington	State CT	Zip Code 06378-1122
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/26/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

Last Name Hicks	First Donald	MI	Contribution ID # 0059
Residential Street Address 96 Spooner Hill Rd	City South Kent	State CT	Zip Code 06785-1135
Principal Occupation Photographer	Name of Employer North Sky Enterprises		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2022	Aggregate Contributions \$25.00
			Amount of Contribution \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Simms	First Robert	MI	Contribution ID # 0065
Residential Street Address 3 Quarry Knls Apt 3	City Greenwich	State CT	Zip Code 06830-6736
Principal Occupation Substitute Teacher	Name of Employer Town of Greenwich, Public Schools		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/27/2022	Aggregate Contributions \$5.36
		Amount of Contribution \$5.36	

Last Name Day	First Kristen	MI	Contribution ID # 0028
Residential Street Address 28 Dunham St	City Norwich	State CT	Zip Code 06360-6806
Principal Occupation Env Analyst 3	Name of Employer State of CT		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2022	Aggregate Contributions \$8.00
		Amount of Contribution \$8.00	

Last Name Newton-Foster	First Patricia	MI	Contribution ID # 0040
Residential Street Address NEW Hvn	City East Haven	State CT	Zip Code 06512
Principal Occupation Owner	Name of Employer Newton- Foster HomeCare Agency		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2022	Aggregate Contributions \$50.00
		Amount of Contribution \$50.00	

Last Name Hogan	First Beth	MI	Contribution ID # 0033
Residential Street Address 10 Wildwood Dr	City Niantic	State CT	Zip Code 06357-2827
Principal Occupation Director	Name of Employer The Connection		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/28/2022	Aggregate Contributions \$103.45
		Amount of Contribution \$103.45	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Clark	First April	MI	Contribution ID # 0029
Residential Street Address 24 Pitkin St	City East Hartford	State CT	Zip Code 06108-3323
Principal Occupation Engineer	Name of Employer Belcan		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/29/2022	Aggregate Contributions \$26.01
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$26.01	

Last Name Marcoux	First Joe	MI	Contribution ID # 0060
Residential Street Address 1 Four Mile River Rd	City Old Lyme	State CT	Zip Code 06371-1506
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/29/2022	Aggregate Contributions \$26.01
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$26.01	

Last Name Trinidad	First Carlos	MI	Contribution ID # 0074
Residential Street Address 18 Clubhouse Dr	City Cromwell	State CT	Zip Code 06416-2559
Principal Occupation Not Employed	Name of Employer Not Employed		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/29/2022	Aggregate Contributions \$10.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$10.00	

Last Name Rea	First Michael	MI	Contribution ID # 0075
Residential Street Address 2 Tupelo Rd	City Westport	State CT	Zip Code 06880-1737
Principal Occupation Director	Name of Employer General Real Estate Corp.		
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Date Received 03/29/2022	Aggregate Contributions \$100.00
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Amount of Contribution \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Vance	First William	MI	Contribution ID # 0076
Residential Street Address 25 Moran St	City New London	State CT	Zip Code 06320-3424
Principal Occupation Student	Name of Employer Student		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/29/2022	Aggregate Contributions \$5.00
			Amount of Contribution \$5.00

Last Name Scollan	First Kevin	MI	Contribution ID # 0063
Residential Street Address 15 Highland St Apt 209	City West Hartford	State CT	Zip Code 06119-1378
Principal Occupation Writer/Editor	Name of Employer Morgan Stanley		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2022	Aggregate Contributions \$100.00
			Amount of Contribution \$100.00

Last Name Dante	First Sharon	MI E	Contribution ID # 0016
Residential Street Address 88 Adelaide Ter	City Torrington	State CT	Zip Code 06790-5601
Principal Occupation Founder Nutmeg Conservatory	Name of Employer Nutmeg Conservatory for the Arts		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2022	Aggregate Contributions \$50.00
			Amount of Contribution \$50.00

Last Name Chapman	First Thomas	MI	Contribution ID # 0014
Residential Street Address 61 Copper Beech Dr	City Rocky Hill	State CT	Zip Code 06067-1836
Principal Occupation Attorney	Name of Employer Progressive Insurance		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/30/2022	Aggregate Contributions \$258.32
			Amount of Contribution \$258.32

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ferguson	First Patrick	MI	Contribution ID # 0030
Residential Street Address 34 Eaton Woods Rd	City Hamden	State CT	Zip Code 06518-1527
Principal Occupation Unemployed	Name of Employer Unemployed		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Date Received 03/31/2022	Aggregate Contributions \$51.83
			Amount of Contribution \$51.83

Total of Section B **\$13,998.14****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A + B) (Total on Line 14, Column A of Summary Page) **\$13,998.14****I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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		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				April 10 Filing - 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				April 10 Filing - 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	State	Zip Code	Amount Received
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

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

Date of Receipt	Method of Payment	Amount
01/18/2022	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$400,000.00

Date of Receipt	Method of Payment	Amount
03/22/2022	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	\$750,000.00

Total of Section E	\$1,150,000.00
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I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Ned for CT	April 10 Filing - 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	April 10 Filing - 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				April 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Walmart			03/23/2022		
Street Address		City	State	Zip Code	
495 Flatbush Ave		Hartford	CT	06106-3601	
Description					\$196.74
Refund from Vendor					
Total of Section I					\$196.74

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT		
Ned for CT				April 10 Filing - 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 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
Ned for CT	April 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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Donation Given by: Individual Business Entity Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	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	April 10 Filing - 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
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Street Address	City	State	Zip Code
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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	April 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Is this contribution associated with an event reported in Section J1? If yes, list Event#	Yes No	Description of In-Kind Contribution	
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
Ned for CT	April 10 Filing - 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
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Google		Date of Payment 01/03/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043-1351
Purpose of Expend OVHD	Description Software Subscription			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		Expenditure # (if applicable)	Event #	\$67.10

Name of Payee Elias Law Group		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 G St NE Ste 600		City Washington	State DC	Zip Code 20002-4253
Purpose of Expend CNSLT	Description Legal Services			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		Expenditure # (if applicable)	Event #	\$7,137.87

Name of Payee Elias Law Group		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 G St NE Ste 600		City Washington	State DC	Zip Code 20002-4253
Purpose of Expend CNSLT	Description Legal Services			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		Expenditure # (if applicable)	Event #	\$8,310.87

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Jones Mandel		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1752 NW Market St # 730		City Seattle	State WA	Zip Code 98107-5264
Purpose of Expend CNSLT	Description Research Consulting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$22,500.00

Name of Payee Landslide Digital LLC		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 225 Interstate St NE Apt 710		City Washington	State DC	Zip Code 20002-4498
Purpose of Expend WEB	Description Web Development			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9,475.00

Name of Payee Payroll Data Processing		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,344.82

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Payroll Data Processing		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$59.97
Name of Payee Payroll Data Processing		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if Itemized			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,614.05
Name of Payee Webster Bank		Date of Payment 01/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 402 Connecticut Ave		City Norwalk	State CT	Zip Code 06854-1807
Purpose of Expend BNK	Description Bank Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee MBA Consulting Group		Date of Payment 01/26/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 611 Pennsylvania Ave SE Ste 143		City Washington	State DC	Zip Code 20003-4303
Purpose of Expend CNSLT	Description Compliance Consulting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,000.00

Name of Payee NGP Software, Inc.		Date of Payment 01/27/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1225 Interstate St NW Ste 1225		City Washington	State DC	Zip Code 20005-5918
Purpose of Expend OVHD	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,212.00

Name of Payee Payroll Data Processing		Date of Payment 01/27/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 01/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if Itemized			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$10,830.96

Name of Payee Payroll Data Processing		Date of Payment 01/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$52.47

Name of Payee Payroll Data Processing		Date of Payment 01/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,658.32

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Paragon Solutions		Date of Payment 02/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282-0000
Purpose of Expend WEB	Description Credit Card Processing Fee			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		Expenditure # (if applicable)	Event #	\$20.00

Name of Payee Google		Date of Payment 02/02/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043-1351
Purpose of Expend OVHD	Description Software Subscription			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		Expenditure # (if applicable)	Event #	\$86.43

Name of Payee Best Buy		Date of Payment 02/08/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$42.53

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Global Strategy Group		Date of Payment 02/10/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 215 Park Ave S Fl 15		City New York	State NY	Zip Code 10003-1612
Purpose of Expend POLLS	Description Polling			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		Expenditure # (if applicable)	Event #	\$59,500.00

Name of Payee NGP Software, Inc.		Date of Payment 02/10/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1225 Interstate St NW Ste 1225		City Washington	State DC	Zip Code 20005-5918
Purpose of Expend OVHD	Description Software Subscription			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		Expenditure # (if applicable)	Event #	\$1,212.00

Name of Payee Webster Bank		Date of Payment 02/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 402 Connecticut Ave		City Norwalk	State CT	Zip Code 06854-1807
Purpose of Expend BNK	Description Bank Fees			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		Expenditure # (if applicable)	Event #	\$20.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee LexisNexis		Date of Payment 02/14/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 9584		City New York	State NY	Zip Code 10087-4584
Purpose of Expend OVHD	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$68.43

Name of Payee Payroll Data Processing		Date of Payment 02/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if Itemized			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$14,001.32

Name of Payee Payroll Data Processing		Date of Payment 02/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$19.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 02/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			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		Expenditure # (if applicable)	Event #	\$7,026.93

Name of Payee Payroll Data Processing		Date of Payment 02/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			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		Expenditure # (if applicable)	Event #	\$84.95

Name of Payee Blue State Digital		Date of Payment 02/25/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 734 15th St NW Ste 1200		City Washington	State DC	Zip Code 20005-1024
Purpose of Expend A-WEB	Description Digital Advertising			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		Expenditure # (if applicable)	Event #	\$100,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Blue State Digital		Date of Payment 02/25/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 734 15th St NW Ste 1200		City Washington	State DC	Zip Code 20005-1024
Purpose of Expend CNSLT	Description Digital Consulting			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		Expenditure # (if applicable)	Event #	\$15,000.00

Name of Payee Payroll Data Processing		Date of Payment 02/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if itemized			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		Expenditure # (if applicable)	Event #	\$14,541.87

Name of Payee Payroll Data Processing		Date of Payment 02/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			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		Expenditure # (if applicable)	Event #	\$19.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 02/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$64.96

Name of Payee Payroll Data Processing		Date of Payment 02/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,765.91

Name of Payee Paragon Solutions		Date of Payment 03/02/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2142 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282-0001
Purpose of Expend WEB	Description Credit Card Processing Fee			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$39.01

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Blue State Digital		Date of Payment 03/09/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 734 15th St NW Ste 1200		City Washington	State DC	Zip Code 20005-1024
Purpose of Expend CNSLT	Description Digital Consulting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,500.00
Name of Payee LexisNexis		Date of Payment 03/09/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 9584		City New York	State NY	Zip Code 10087-4584
Purpose of Expend OVHD	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$303.00
Name of Payee MBA Consulting Group		Date of Payment 03/09/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 611 Pennsylvania Ave SE Ste 143		City Washington	State DC	Zip Code 20003-4303
Purpose of Expend CNSLT	Description Compliance Consulting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$3,115.14

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Best Buy		Date of Payment 03/10/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount \$165.90
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 03/10/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount \$297.77
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Best Buy		Date of Payment 03/11/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount \$154.20
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Best Buy		Date of Payment 03/11/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$42.53

Name of Payee NGP Software, Inc.		Date of Payment 03/11/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1225 Interstate St NW Ste 1225		City Washington	State DC	Zip Code 20005-5918
Purpose of Expend EFV *	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$1,212.00

Name of Payee Webster Bank		Date of Payment 03/11/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 402 Connecticut Ave		City Norwalk	State CT	Zip Code 06854-1807
Purpose of Expend BNK	Description Bank Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$45.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee State Market Hartford, LLC		Date of Payment 03/11/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 10009		City Philadelphia	State PA	Zip Code 19176
Purpose of Expend OVHD	Description Rent			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$5,000.00

Name of Payee Greenhouse Software, Inc.		Date of Payment 03/12/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 18 W 18th St		City New York	State NY	Zip Code 10011-4607
Purpose of Expend CNSLT	Description Texting Services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$7,575.00

Name of Payee Blue State Digital		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 734 15th St NW Ste 1200		City Washington	State DC	Zip Code 20005-1024
Purpose of Expend CNSLT	Description Digital Consulting			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$8,500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if itemized			Amount \$18,223.79
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Payroll Data Processing		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount \$19.36
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Payroll Data Processing		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount \$34.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			Amount \$542.45
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		Expenditure # (if applicable)	Event #	

Name of Payee Payroll Data Processing		Date of Payment 03/15/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount \$8,831.96
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		Expenditure # (if applicable)	Event #	

Name of Payee Ready Refresh		Date of Payment 03/16/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 60 Dodge Ave		City North Haven	State CT	Zip Code 06473-1124
Purpose of Expend OFFICE	Description Office Supplies			Amount \$181.25
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		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	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Best Buy		Date of Payment 03/16/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$37.21
Name of Payee Best Buy		Date of Payment 03/16/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$882.69
Name of Payee Google		Date of Payment 03/16/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043-1351
Purpose of Expend OVHD	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$102.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Walmart		Date of Payment 03/18/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 495 Flatbush Ave		City Hartford	State CT	Zip Code 06106-3601
Purpose of Expend OFFICE	Description Office Supplies			Amount \$586.98
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Walmart		Date of Payment 03/21/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 495 Flatbush Ave		City Hartford	State CT	Zip Code 06106-3601
Purpose of Expend OFFICE	Description Office Supplies			Amount \$497.52
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

Name of Payee Amazon.com		Date of Payment 03/21/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies			Amount \$136.04
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Amazon.com	Date of Payment 03/21/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N	City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$574.24

Name of Payee Amazon.com	Date of Payment 03/21/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N	City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$91.20

Name of Payee Amazon.com	Date of Payment 03/22/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N	City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$532.98

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Amazon.com		Date of Payment 03/23/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$20.21
Name of Payee Zoom		Date of Payment 03/23/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 55 Almaden Blvd Ste 600		City San Jose	State CA	Zip Code 95113-1612
Purpose of Expend OVHD	Description Software Subscription			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$113.26
Name of Payee WB Mason Co		Date of Payment 03/24/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 111		City Brockton	State MA	Zip Code 02303-0111
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$297.68

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Best Buy	Date of Payment 03/24/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd	City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$425.39

Name of Payee Logitech	Date of Payment 03/24/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 7700 Gateway Blvd	City Newark	State CA	Zip Code 94560-1046
Purpose of Expend EFV *	Description Office Equipment	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$138.24

Name of Payee Value Office Furniture	Date of Payment 03/24/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 A Andover Dr	City West Hartford	State CT	Zip Code 06110-1522
Purpose of Expend EFV *	Description Office Furniture	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$1,855.81

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Elias Law Group		Date of Payment 03/25/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10 G St NE Ste 600		City Washington	State DC	Zip Code 20002-4253
Purpose of Expend CNSLT	Description Legal Services			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$9,783.62

Name of Payee Amazon.com		Date of Payment 03/25/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$93.44

Name of Payee Microsoft		Date of Payment 03/25/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Microsoft Way		City Redmond	State WA	Zip Code 98052-8300
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.06

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Microsoft		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Microsoft Way		City Redmond	State WA	Zip Code 98052-8300
Purpose of Expend OFFICE	Description Office Supplies			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$6.06

Name of Payee SKDKnickerbocker		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1150 18th St NW Ste 800		City Washington	State DC	Zip Code 20036-3845
Purpose of Expend A-TV	Description Television Advertising Buy			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$99,707.00

Name of Payee Goodwin University		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 Riverside Dr		City East Hartford	State CT	Zip Code 06118-1837
Purpose of Expend Misc *	Description Photography			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$300.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Democratic Governor's Association		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1225 Interstate St NW Ste 1100		City Washington	State DC	Zip Code 20005-3914
Purpose of Expend CNSLT	Description Research Consulting			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		Expenditure # (if applicable)	Event #	\$20,000.00

Name of Payee MBA Consulting Group		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 611 Pennsylvania Ave SE Ste 143		City Washington	State DC	Zip Code 20003-4303
Purpose of Expend CNSLT	Description Compliance Consulting			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		Expenditure # (if applicable)	Event #	\$3,000.00

Name of Payee State Market Hartford, LLC		Date of Payment 03/28/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 10009		City Philadelphia	State PA	Zip Code 19176
Purpose of Expend OVHD	Description Rent			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		Expenditure # (if applicable)	Event #	\$5,000.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Best Buy		Date of Payment 03/29/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$47.85

Name of Payee Best Buy		Date of Payment 03/29/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 53 Boston Post Rd		City Orange	State CT	Zip Code 06477-3203
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$9.56

Name of Payee WB Mason Co		Date of Payment 03/29/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 111		City Brockton	State MA	Zip Code 02303-0111
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$435.31

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee WB Mason Co		Date of Payment 03/30/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 111		City Brockton	State MA	Zip Code 02303-0111
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$45.67

Name of Payee SKDKnickerbocker		Date of Payment 03/30/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1150 18th St NW Ste 800		City Washington	State DC	Zip Code 20036-3845
Purpose of Expend A-TV	Description Television Advertising Buy			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		Expenditure # (if applicable)	Event #	\$26,989.20

Name of Payee Amazon.com		Date of Payment 03/30/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 410 Terry Ave N		City Seattle	State WA	Zip Code 98109-5210
Purpose of Expend OFFICE	Description Office Supplies			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		Expenditure # (if applicable)	Event #	\$277.70

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee City of Hartford	Date of Payment 03/30/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 550 Main St	City Hartford	State CT	Zip Code 06103-2913
Purpose of Expend Misc *	Description Filing Fees	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$15.50

Name of Payee CT Corporation	Date of Payment 03/30/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 4349	City Carol Stream	State IL	Zip Code 60197-4349
Purpose of Expend CNSLT	Description Legal Services	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$211.47

Name of Payee WB Mason Co	Date of Payment 03/31/2022	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 111	City Brockton	State MA	Zip Code 02303-0111
Purpose of Expend OFFICE	Description Office Supplies	Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
			\$291.32

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee Payroll Data Processing		Date of Payment 03/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount \$11,407.19
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		Expenditure # (if applicable)	Event #	

Name of Payee Payroll Data Processing		Date of Payment 03/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Taxes			Amount \$19.36
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		Expenditure # (if applicable)	Event #	

Name of Payee Payroll Data Processing		Date of Payment 03/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend WAGE	Description Payroll - See Below if itemized			Amount \$26,014.67
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		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	April 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Payroll Data Processing		Date of Payment 03/31/2022	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3501 E Frontage Rd Ste 350		City Tampa	State FL	Zip Code 33607-1723
Purpose of Expend OVHD	Description Payroll Fees			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? If yes, assign an Expenditure # and complete Itemization in Addendum		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #
				\$534.96
Total of Section N				\$639,091.71

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Ned for CT			01/05/2022		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code	
PO Box 230317		Hartford		CT	06123	
Purpose of Expenditure (by code)		Description			Event #	
Misc *		Email assets from prior campaign.				
Amount						
\$26,575.85						
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Ned for CT			03/15/2022		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City		State	Zip Code	
PO Box 230317		Hartford		CT	06123	
Purpose of Expenditure (by code)		Description			Event #	
A-TV		TV footage from prior campaign.				
Amount						
\$350.00						
Total of Section O						\$26,925.85

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Ned for CT				April 10 Filing - 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	Expenditure # (if applicable)	Event #
			No		
If yes, assign an Expenditure # and complete Itemization in Addendum					
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			April 10 Filing - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor Barbara Fiorito			Date Incurred 03/19/2022	
Street Address 35 Kensett Ln		City Darien	State CT	Zip Code 06820
Purpose of Expenditure (by code) Misc *	Description Contribution Refund			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q				\$10.00
Name of Creditor Joseph Aresimowicz			Date Incurred 03/24/2022	
Street Address 127 Clock Shop Dr		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) Misc *	Description Contribution Refund			Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Expenditure # (if applicable)	Event #
If yes, assign an Expenditure # and completes Itemization in Addendum Q				\$3.45
Total of Section Q				\$13.45

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 01/14/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3516 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33622
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 01/14/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3521 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33627
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,056.35
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 01/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3501 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33607
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 01/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3502 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33608
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,475.10
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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:
Crombie	Andrerich		01/31/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3506 E Frontage Rd Ste 350	Tampa	FL	33612

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$1,798.16
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
KGS	Research		02/10/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Global Strategy Group, LLC
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Street Address of Vendor	City	State	Zip Code
215 Park Ave S Fl 15	New York	NY	10003

Purpose of Expenditure (by code)	Description
POLLS	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$23,097.75
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 02/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3522 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33628
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,475.10
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Crombie	First Andrerich	MI	Date of Payment to Vendor 02/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3507 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33613
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2,996.21
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 02/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3517 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33623
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Frey	First Christopher	MI	Date of Payment to Vendor 02/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3511 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33617
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$1,972.31
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Frey	First Christopher	MI	Date of Payment to Vendor 02/28/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Payroll Data Processing

Street Address of Vendor 3512 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33618
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2,931.61
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 02/28/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Payroll Data Processing

Street Address of Vendor 3518 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33624
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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:
Crombie	Andrerich		02/28/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3508 E Frontage Rd Ste 350	Tampa	FL	33614

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$2,996.21

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
KGS	Research		03/09/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Global Strategy Group, LLC
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Street Address of Vendor	City	State	Zip Code
215 Park Ave S Fl 15	New York	NY	10003

Purpose of Expenditure (by code)	Description
POLLS	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$18,441.15

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 03/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3523 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33629
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,056.35
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 03/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3524 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33630
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,475.10
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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:
Crombie	Andrerich		03/15/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3509 E Frontage Rd Ste 350	Tampa	FL	33615

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$2,996.21
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Cicero	India		03/15/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3504 E Frontage Rd Ste 350	Tampa	FL	33610

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes	Expenditure # (if applicable)	Event #	Amount
	<input checked="" type="checkbox"/> No			\$3,263.17
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 03/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3519 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33625
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Frey	First Christopher	MI	Date of Payment to Vendor 03/15/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3513 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33619
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2,931.61
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Frey	First Christopher	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3514 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33620
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Purpose of Expenditure (by code) WAGE	Description Salary
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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 completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$2,931.61
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Last Name of Worker/Consultant Kurian	First Kevin	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3515 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33621
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Purpose of Expenditure (by code) WAGE	Description Salary
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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 completes Itemization in Addendum R	Expenditure # (if applicable)	Event #	Amount \$2,078.04
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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	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant McGee	First Brandon	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3520 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33626
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,557.70
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Cicero	First India	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3505 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33611
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$3,263.17
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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:
Campo	John		03/31/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3503 E Frontage Rd Ste 350	Tampa	FL	33609

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$799.02

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Crombie	Andrerich		03/31/2022	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT

Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor	City	State	Zip Code
3510 E Frontage Rd Ste 350	Tampa	FL	33616

Purpose of Expenditure (by code)	Description
WAGE	Salary

Is this expenditure coordinated with another candidate for which reimbursement is sought?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and completes Itemization in Addendum R				\$2,996.21

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Morrocco	First Daniel	MI L	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3525 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33631
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$5,475.10
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Schuetz	First Brandon	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant Payroll Data Processing

Street Address of Vendor 3526 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33632
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$1,899.30
If yes, assign an Expenditure # and completes Itemization in Addendum R			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Sharma	First Shiv	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Payroll Data Processing

Street Address of Vendor 3527 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33633
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$841.98
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Last Name of Worker/Consultant Tsegai	First Awet	MI	Date of Payment to Vendor 03/31/2022	Payment to Reimburse Committee Worker/Consultant as reported in Section N: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Name of Vendor Paid by Committee Worker/Consultant

Payroll Data Processing

Street Address of Vendor 3528 E Frontage Rd Ste 350	City Tampa	State FL	Zip Code 33634
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Purpose of Expenditure (by code) WAGE	Description Salary
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Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Expenditure # (if applicable)	Event #	Amount \$2,172.54
If yes, assign an Expenditure # and completes Itemization in Addendum R			

Total of Section R

\$133,765.56

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Ned for CT	April 10 Filing - 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