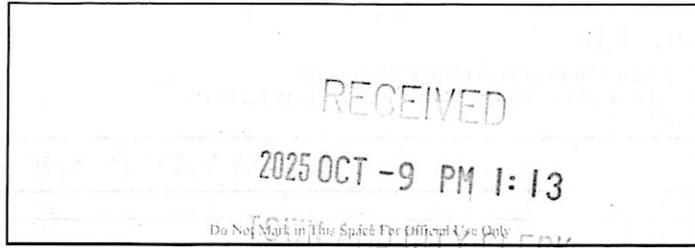


# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2015



## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			
Lukasiewicz for BOE			
<b>2. TREASURER NAME</b>			
First Mathew	MI	Last Biadun	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address 53 Buff Road	City Bristol	State CT	Zip Code 06010
<b>4. ELECTION/REFERENDUM DATE</b> (mm/dd/yyyy) 11/04/2025	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> Board of Education		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First Jonathan	MI	Last Lukasiewicz	Suffix
<b>8. TYPE OF REPORT</b> <i>(Check One Box)</i>			
<input type="radio"/> January 10 filing	<input type="radio"/> 7th day preceding primary	<input type="radio"/> 7th day preceding referendum	<input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i>
<input type="radio"/> April 10 filing	<input type="radio"/> 30 days following primary	<input type="radio"/> 45 days following referendum	<input type="radio"/> Amendment to
<input type="radio"/> July 10 filing	<input type="radio"/> 7th day preceding election	<input type="radio"/> Deficit	Type of Report:
<input checked="" type="radio"/> October 10 filing	<input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i>	<input type="radio"/> Termination	_____
<input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="radio"/> 45 days following election not held in November		
<b>9. PERIOD COVERED</b>			
Beginning Date 07/01/2025		thru	Ending Date 09/30/2025
<b>10. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
		Mathew Biadun	10/2/25
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
<i>A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</i>			

## SEEC FORM 20

Itemized Campaign Finance Disclosure Statement  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised January 2015

## SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Lukasiewicz for BOE	October 10 Filing	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	754.40	
13. Contributions Received from Individuals (Sections A and B)	5573.29	6205.07
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	150
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i>		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	5573.29	6355.07
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	6327.69	6355.07
19. Expenses Paid by Committee (Section P)	1502.96	1530.34
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	4824.73	4824.73
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c. - Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Martorano		Jack	
Residential Street Address		City	State Zip Code
46 Albright St		Staten Island	NY 10304
Principal Occupation		Name of Employer	
Unemployed		Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			52.40
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/3/25	52.40
Last Name		First	MI
Ives		Robert	
Residential Street Address		City	State Zip Code
12 Turnberry Court		Plantsville	CT 06479
Principal Occupation		Name of Employer	
Energy		RPI Development Group	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			104.48
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/8/25	104.48
Last Name		First	MI
Burland		Patrick	
Residential Street Address		City	State Zip Code
11 Ledge Road		Woodbridge	CT 06525
Principal Occupation		Name of Employer	
Digital Communications Person		ACC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			104.48
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/8/25	104.48
<b>SUBTOTAL Section B — This Page</b>		261.36	
<b>TOTAL of additional Section B Pages</b>		5311.93	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>						TYPE OF REPORT	
Lukasiewicz for BOE						October 10 Filing	
<b>C1. Contributions from Other Committees</b>							
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions			
Name of Committee					Name of Treasurer		
Address				Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No		Amount of Contribution	
				<i>If yes, list Event # _____</i>			
City	State	Zip Code	Date Received	Aggregate Contributions			
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>							
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Description		Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
Name of Committee					Name of Treasurer		
Address				City		State	Zip Code
Date Received	Expenditure # <i>(if applicable)</i>	Payment Type		Description		Amount of Receipt	
		<input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution					
<b>SUBTOTAL Section C — This Page</b>						0	
<b>TOTAL of additional Section C Pages</b>						0	
<b>TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS</b> <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i>						0	

Section B ADDITIONAL PAGE 1 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Zeller		First Christopher	
Residential Street Address 210 Woodland Street		City South Glastonbury	State CT
Principal Occupation Consultant		Name of Employer Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/14/25	Aggregate Contributions 104.48
Amount of Contribution		104.48	
Last Name Russell		First Kathryn	
Residential Street Address 36 Elm Street		City Deep River	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/14/25	Aggregate Contributions 52.40
Amount of Contribution		52.40	
Last Name Anderson		First Karl	
Residential Street Address 15 Keplers Way		City New Fairfield	State CT
Principal Occupation Retired Builder		Name of Employer Self Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/14/25	Aggregate Contributions 104.48
Amount of Contribution		104.48	
<b>SUBTOTAL Section B — This Page</b>		261.36	
<b>TOTAL of additional Section B Pages</b>		5311.93	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 2 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Kabasakalian		First Colette	MI
Residential Street Address 2 Washington Ave		City Ridgefield	State CT
		Zip Code 06877	
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's International Realty	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	26.35
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 26.35
Last Name Hannan		First Gregg	MI
Residential Street Address 246 Reeds Gap Rd, 3A		City Northford	State CT
		Zip Code 06472	
Principal Occupation Attorney		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	52.40
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 52.40
Last Name Vieira		First Nathan	MI
Residential Street Address 131 Humiston Circle		City Thomaston	State CT
		Zip Code 06787	
Principal Occupation Special Projects Coordinator		Name of Employer City of New Britain	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	50
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<input type="radio"/> Executive <input type="radio"/> Legislative		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 50
<b>SUBTOTAL Section B — This Page</b>		128.75	
<b>TOTAL of additional Section B Pages</b>		5444.54	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

**Section B ADDITIONAL PAGE** 3 **of** 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Kabasakalian		First Greg	MI
Residential Street Address 2 Washington Ave		City Ridgefield	State CT
		Zip Code 06877	
Principal Occupation Consultant		Name of Employer Innova Solutions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	26.35
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 7/13/25	Aggregate Contributions 26.35	
Last Name Medeiros		First Geoffrey	MI
Residential Street Address 35 Wiltan Drive		City Monroe	State CT
		Zip Code 0648-1011	
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	52.40
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 7/13/25	Aggregate Contributions 52.40	
Last Name Hoyt		First Kathy	MI
Residential Street Address 580 Gaylord Mountain Road		City Hamden	State CT
		Zip Code 06518	
Principal Occupation Realtor		Name of Employer Dow DELLA Valle	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	Amount of Contribution	50
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>		
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	Date Received 7/13/25	Aggregate Contributions 50	
<b>SUBTOTAL Section B — This Page</b>		128.75	
<b>TOTAL of additional Section B Pages</b>		5444.54	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

Section B ADDITIONAL PAGE 4 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Thibeault		First Cheryl	
Residential Street Address 73 Yarde Drive		City Bristol	State CT
Principal Occupation Director of Finance		Name of Employer NBHA	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 50
Last Name Griffin		First James	
Residential Street Address 134 Boy Street		City Bristol	State CT
Principal Occupation Director		Name of Employer Colt Museum Project - Non Profit	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 75
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 75
Last Name Chiarizio		First Peter	
Residential Street Address 14 Walter Place		City Bristol	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 70
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 70
<b>SUBTOTAL Section B — This Page</b>		195	
<b>TOTAL of additional Section B Pages</b>		5378.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 5 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
DeCilio		Louis	
Residential Street Address		City	State Zip Code
65 Ferry Ct		Stratford	CT 06615
Principal Occupation		Name of Employer	
Registrar of Voters		Town of Stratford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			52.40
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/16/25	52.40
Last Name		First	MI
Bergamo		Susan	
Residential Street Address		City	State Zip Code
143 Grove St		Bristol	CT 06010
Principal Occupation		Name of Employer	
Personal Care Assistant		Gabriella Bergamo	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/20/25	104.48
Last Name		First	MI
Canino		Joe	
Residential Street Address		City	State Zip Code
2215 F St NW		Washington	DC 20052
Principal Occupation		Name of Employer	
Grant Writer		Element 119	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/22/25	26.35
<b>SUBTOTAL Section B — This Page</b>		183.23	
<b>TOTAL of additional Section B Pages</b>		5390.06	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 6 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Terricciano		Rebecca	
Residential Street Address		City	State Zip Code
113 Allentown Road		Wolcott	CT 06716
Principal Occupation		Name of Employer	
White House Liason		US Department of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/16/25	25
Last Name		First	MI
Sampson		Rob	
Residential Street Address		City	State Zip Code
276 Bound Line Road		Wolcott	CT 06716
Principal Occupation		Name of Employer	
Realtor		Realty 3 CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/16/25	26.35
Last Name		First	MI
Jacques Jr.		Robert	
Residential Street Address		City	State Zip Code
113 Treble Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
Tax Technology Manager		Andersen	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		6/16/25	104.48
<b>SUBTOTAL Section B — This Page</b>		155.83	
<b>TOTAL of additional Section B Pages</b>		5417.46	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 7 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Brewer		First Samuel	
Residential Street Address 18 Greystone Ave		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Unemployed		Name of Employer Unemployed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 26.35
Last Name Cleary		First Sean	
Residential Street Address 54 East St		City Wolcott	State CT
		Zip Code 06716-2932	
Principal Occupation Research		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 52.40
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 52.40
Last Name Costello		First Jim	
Residential Street Address 81 Lawrence Ln		City Bristol	State CT
		Zip Code 06010	
Principal Occupation General Manager		Name of Employer Copart	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/16/25	Aggregate Contributions 104.48
<b>SUBTOTAL Section B — This Page</b>		183.23	
<b>TOTAL of additional Section B Pages</b>		5390.06	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 8 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Bolton		Dwight	
Residential Street Address		City	State Zip Code
51 Burnwood Dr		Bloomfield	CT 06002
Principal Occupation		Name of Employer	
Contractor		DH Bolton Inc	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/15/25	52.40	
Last Name		First	MI
Russo		Mark	
Residential Street Address		City	State Zip Code
345 W Main St		Waterbury	CT 06702
Principal Occupation		Name of Employer	
Insurance Agent		Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/15/25	104.48	
Last Name		First	MI
Spadaccini		Louis	
Residential Street Address		City	State Zip Code
85 Steep Hollow Lane		Manchester	CT 06040
Principal Occupation		Name of Employer	
Attorney		Blackwell & Spadaccini LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/15/25	100	
<b>SUBTOTAL Section B — This Page</b>		256.88	
<b>TOTAL of additional Section B Pages</b>		5316.41	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 9 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Donahue		First Kimberlee	
Residential Street Address 68 Pondview Ln		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Director of Religious Education		Name of Employer St Joseph Church	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 130.52
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 130.52
Last Name Galske		First Lisa	
Residential Street Address 489 Wolcott St, 98		City Bristol	State CT
		Zip Code 06010	
Principal Occupation K-5 Phys Ed Teacher		Name of Employer Bristol Board of Education	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 130.52
Last Name Foti		First Zachary	
Residential Street Address 250 Budding Rdg		City Southington	State CT
		Zip Code 06489	
Principal Occupation Assistant Researcher		Name of Employer State of Connecticut	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 5.52
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 5.52
SUBTOTAL Section B — This Page		162.39	
TOTAL of additional Section B Pages		5410.9	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Duckstein		First Jonah	
Residential Street Address 15 Laurel Ridge Rd		City Tolland	State CT
Principal Occupation Meat		Name of Employer BigY	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 25
Last Name Godbout		First Zachary	
Residential Street Address 441 Witches Rock Rd		City Bristol	State CT
Principal Occupation Program Management		Name of Employer Lockheed Martin	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 25
Last Name Drazan		First Connor	
Residential Street Address 1204 Round Grove Ct		City Brentwood	State TN
Principal Occupation Irrigation		Name of Employer Singal Mountain Nursery	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 250
<b>SUBTOTAL Section B — This Page</b>		300	
<b>TOTAL of additional Section B Pages</b>		5273.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Angelicola		Jude	
Residential Street Address		City	State Zip Code
32 Lufkin Ln		Bristol	CT 06010
Principal Occupation		Name of Employer	
Manager		Ward Leonard	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/25	104.48
Last Name		First	MI
Silva-Gordon		Stacie	
Residential Street Address		City	State Zip Code
40 Hopmeadow Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
Human Services		State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/25	26.35
Last Name		First	MI
Weber		Brock	
Residential Street Address		City	State Zip Code
17 Lancewood Ln		Wolcott	CT 06716
Principal Occupation		Name of Employer	
DCOS		CONB	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
			Amount of Contribution
			150
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/25	150
<b>SUBTOTAL Section B — This Page</b>		280.83	
<b>TOTAL of additional Section B Pages</b>		5292.46	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 012 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Marra		First Tracy	
Residential Street Address 16 Sunswyck Rd		City Darien	
		State CT	
		Zip Code 06820	
Principal Occupation Legislator		Name of Employer State of CT	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		50	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	
		Aggregate Contributions 50	
Last Name T		First Angie	
Residential Street Address 1319 East Main St		City Stratford	
		State CT	
		Zip Code 06615	
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		10	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	
		Aggregate Contributions 10	
Last Name Farago		First Alina	
Residential Street Address 5933 Long Shore Loop		City Sarasota	
		State FL	
		Zip Code 34238	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
		<b>Amount of Contribution</b>	
		52.40	
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>		Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	
		Aggregate Contributions 52.40	
<b>SUBTOTAL Section B — This Page</b>		112.40	
<b>TOTAL of additional Section B Pages</b>		5460.89	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

Section B ADDITIONAL PAGE 13 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	
Bharara		Amarpal	
Residential Street Address		City	State Zip Code
27 Rock Brook Rd		Harwinton	CT 06791
Principal Occupation		Name of Employer	
Insurance Agent		RiteQuote Insurance Agency LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		104.48	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/14/25	104.48
Last Name		First	
Biadun		Justyna	
Residential Street Address		City	State Zip Code
53 Buff Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
COTA		Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		41.98	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/25	41.98
Last Name		First	
Biadun		Marcin	
Residential Street Address		City	State Zip Code
53 Buff Road		Bristol	CT 06010
Principal Occupation		Name of Employer	
Machinist		Pratt & Whitney	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
		<b>Amount of Contribution</b>	
		26.35	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:		Date Received	Aggregate Contributions
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		7/15/25	26.35
<b>SUBTOTAL Section B — This Page</b>		172.81	
<b>TOTAL of additional Section B Pages</b>		5400.48	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE 014 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Chiarizio		First Bob	MI
Residential Street Address 856 Glencoe Ave Nw		City Palm Bay	State FL
		Zip Code 32907-7037	
Principal Occupation Tile Artist		Name of Employer Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/14/25	Aggregate Contributions 250
Amount of Contribution		250	
Last Name Goldstein		First Jonathan	MI
Residential Street Address 10 Sandy Lane		City Greenwich	State CT
		Zip Code 06831-2921	
Principal Occupation Attorney		Name of Employer Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/14/25	Aggregate Contributions 50
Amount of Contribution		50	
Last Name Chiarizio		First Pete	MI
Residential Street Address 276 Scott Hill Rd		City Lebanon	State CT
		Zip Code 06249-2832	
Principal Occupation LEP		Name of Employer MEI, LLC	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/14/25	Aggregate Contributions 250
Amount of Contribution		250	
<b>SUBTOTAL Section B — This Page</b>		550	
<b>TOTAL of additional Section B Pages</b>		5023.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Mizera		Casimir	
Residential Street Address		City	State Zip Code
185 Boston Ave		Stratford	CT 06614
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	07/14/25	26.35	
Amount of Contribution		26.35	
Last Name		First	MI
Carrier		Matthew	
Residential Street Address		City	State Zip Code
30 Saint Thomas Street		Enfield	CT 06082
Principal Occupation		Name of Employer	
Director of Operations		CT-GOP	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	07/14/25	26.35	
Amount of Contribution	26.35		
Last Name		First	MI
Murdock		Jane	
Residential Street Address		City	State Zip Code
400 Shrub Road		Bristol	CT 06010
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	07/14/25	250	
Amount of Contribution	250		
<b>SUBTOTAL Section B — This Page</b>		302.70	
<b>TOTAL of additional Section B Pages</b>		5270.59	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE ~~16~~ of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Madden		First Jenna MI	
Residential Street Address 941 Bloomfield St		City Hoboken NJ Zip Code 07030	
Principal Occupation Music Teacher		Name of Employer Teacher	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/11/25	
		Aggregate Contributions 240	
Last Name Brewer		First Marie MI	
Residential Street Address 18 Greystone Ave		City Bristol CT Zip Code 06010	
Principal Occupation Support Staff		Name of Employer Gt Independence	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/11/25	
		Aggregate Contributions 21.15	
Last Name Augustin		First Oliver MI	
Residential Street Address 780 Winchester Avenue		City New Haven CT Zip Code 06511	
Principal Occupation Journeyman Carpenter		Name of Employer Carpenters Local 326	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No		If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____		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="radio"/> Executive <input type="radio"/> Legislative	
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/11/25	
		Aggregate Contributions 52.40	
<b>SUBTOTAL Section B — This Page</b>		313.55	
<b>TOTAL of additional Section B Pages</b>		5259.74	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Caggiano		First Jeffrey	
Residential Street Address 27 Cricket Hill Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Mayor		Name of Employer City of Bristol	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/09/25	Aggregate Contributions 26.35
Last Name Pelkey		First William	
Residential Street Address 133 Portman St		City Windsor	State CT
		Zip Code 06095	
Principal Occupation Quality Engineer		Name of Employer Jet Industries	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 16.00
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/10/25	Aggregate Contributions 16.00
Last Name Ruppenicker Jr.		First Harry	
Residential Street Address 17 Hammock Rd S		City Westbrook	State CT
		Zip Code 06498	
Principal Occupation Office Manager		Name of Employer Harry's Marine Repair	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/11/25	Aggregate Contributions 50
<b>SUBTOTAL Section B — This Page</b>		92.35	
<b>TOTAL of additional Section B Pages</b>		5480.94	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name		First	MI
Doyle		Thomas	J
Residential Street Address		City	State Zip Code
181 Sherwood Rd		Bristol	CT 06010
Principal Occupation		Name of Employer	
Retired		Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	10
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/13/25	10	
Last Name		First	MI
Salamone		Pamela	
Residential Street Address		City	State Zip Code
569 Cornwall Ave		Cheshire	CT 06410
Principal Occupation		Name of Employer	
Homemaker		Homemaker	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/08/25	26.35	
Last Name		First	MI
Kolo		William	
Residential Street Address		City	State Zip Code
61 Grassy Hill Road		Waterbury	CT 06704-1210
Principal Occupation		Name of Employer	
Director of Purchasing		Braxton Manufacturing	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	Amount of Contribution
		<input type="radio"/> Yes <input checked="" type="radio"/> No	25
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____	<input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Contribution:	Date Received	Aggregate Contributions	
<input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order	7/08/25	25	
SUBTOTAL Section B — This Page		61.35	
TOTAL of additional Section B Pages		5511.94	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

**Section B ADDITIONAL PAGE** 014 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Griffin		First Elana	MI K
Residential Street Address 134 Boy Street		City Bristol	State CT Zip Code 06010
Principal Occupation Interior Designer/Landscaper		Name of Employer N/A	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 50
Last Name Carlson		First Eric	MI L
Residential Street Address 187 Morningside Drive		City Bristol	State CT Zip Code 06010
Principal Occupation Electrician		Name of Employer Morningside Electric	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 30
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/12/25	Aggregate Contributions 30
Last Name Coan		First Steven	MI J
Residential Street Address 331 Main St		City Bristol	State CT Zip Code 06010
Principal Occupation Fleet Manager		Name of Employer Amerit Fleet	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 50
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 50
<b>SUBTOTAL Section B — This Page</b>		130	
<b>TOTAL of additional Section B Pages</b>		5443.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Lukasiewicz		First Jameson	MI
Residential Street Address 86 Parkview Drive		City Avon	State CT
			Zip Code 06010
Principal Occupation VP of Sales + Marketing + Development		Name of Employer McLean	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 250
Last Name Levesque		First William	MI
Residential Street Address 345 Brewster Rd		City Bristol	State CT
			Zip Code 06010
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> 250
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 250
Last Name Dubresky		First Michele	MI P
Residential Street Address 69 Meadowbrook Dr.		City Bristol	State CT
			Zip Code 06010
Principal Occupation Self-Employed		Name of Employer Home Daycare - Michele's Daycare	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Amount of Contribution</b> 100
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 100
<b>SUBTOTAL Section B — This Page</b>		600	
<b>TOTAL of additional Section B Pages</b>		4973.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> (Enter total on Line 13, Column A of Summary Page Totals)		5573.29	

Section B ADDITIONAL PAGE ~~20~~ 21 of 23

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Turner		First Mary Ann	
Residential Street Address 7 Meadow Rd		City Enfield	State CT
		Zip Code 06082	
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 26.35
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/12/25	Aggregate Contributions 26.35
Last Name Biadun		First Mathew	
Residential Street Address 53 Buff Rd		City Bristol	State CT
		Zip Code 06010	
Principal Occupation Student		Name of Employer Student	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 115.21
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/12/25	Aggregate Contributions 115.21
Last Name Shapiro		First Stephen	
Residential Street Address 20 Virginia Drive		City Easton	State CT
		Zip Code 06612	
Principal Occupation Real Estate Developer		Name of Employer Gold Coast Properties	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 240
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 07/12/25	Aggregate Contributions 240
<b>SUBTOTAL Section B — This Page</b>		381.56	
<b>TOTAL of additional Section B Pages</b>		5191.73	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Dubresky		First Trever	
Residential Street Address 69 Meadowbrook Dr		City Bristol	State CT
Principal Occupation District Manager		Name of Employer Advance Auto Parts	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/13/25	Aggregate Contributions 100
Last Name Hebert		First Daniel	
Residential Street Address 14 Second St		City Bristol	State CT
Principal Occupation Retired		Name of Employer Retired	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input checked="" type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/15/25	Aggregate Contributions 20
Last Name Carlson		First Tracy	
Residential Street Address 187 Morningside Dr		City Bristol	State CT
Principal Occupation Administrative Assistant		Name of Employer IFG Companies	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Is this contribution associated with an event reported in Section L1? <i>If yes, list Event #</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No	Is contributor a principal of a state contractor or prospective state contractor? <i>If yes, indicate which branch or branches of government the contract is with:</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Executive <input type="radio"/> Legislative
Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/12/25	Aggregate Contributions 30
<b>SUBTOTAL Section B — This Page</b>		150	
<b>TOTAL of additional Section B Pages</b>		5423.29	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Lukasiewicz for BOE		October 10 Filing	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>		SUBTOTAL SECTION A	
		\$	
<b>B. Itemized Contributions from Individuals</b>			
Last Name Jameson		First Eric	
Residential Street Address 16 Rivermead		City Avon	State CT
Principal Occupation Store Manager		Name of Employer Aldi	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 7/22/25	Aggregate Contributions 104.48
Last Name Della Rose		First Anna	
Residential Street Address 130 Garden St		City Bristol	State CT
Principal Occupation General Office Associate		Name of Employer Frontier Communications	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution 104.48
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received 8/20/25	Aggregate Contributions 104.48
Last Name		First	
Residential Street Address		City	State
Principal Occupation		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> 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: <input type="radio"/> Executive <input type="radio"/> Legislative <input checked="" type="radio"/> Yes <input type="radio"/> No		
Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order		Date Received	Aggregate Contributions
<b>SUBTOTAL Section B — This Page</b>		208.96	
<b>TOTAL of additional Section B Pages</b>		5364.33	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B)</b> <i>(Enter total on Line 13, Column A of Summary Page Totals)</i>		5573.29	

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>					TYPE OF REPORT	
Lukasiewicz for BOE					October 10 Filing	
<b>D. Loans Received this Period</b>						
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code	
					Amount Received	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code	
					Amount Received	
Name of Lender			Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee		Date of Receipt	
Street Address		City		State	Zip Code	
Name of Cosigner/Guarantor <i>(if applicable)</i>					Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No	
Street Address		City		State	Zip Code	
					Amount Received	
<b>TOTAL SECTION D</b>					0	
<b>E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)</b>						
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contributions		
<b>TOTAL SECTION E</b>					0	

**I. MONETARY RECEIPTS (Sections A—K)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lukasiewicz for BOE	October 10 Filing

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	<input type="radio"/> Yes <i>If yes, list Event #</i> <input checked="" type="radio"/> No	Amount

<b>TOTAL SECTION F</b>	0
------------------------	---

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)**

Date of Receipt	Date of Receipt	Date of Receipt
Amount	Amount	Amount

<b>TOTAL SECTION G</b>	0
------------------------	---

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

Date of Receipt	Method of payment:	Amount
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	
	<input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card	

<b>TOTAL SECTION H</b>	0
------------------------	---

**I. Anonymous Contributions**

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

# I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT		
Lukasiewicz for BOE			October 10 Filing		
<b>J. Interest from Deposits in Authorized Accounts</b>					
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
Name of Institution			Date Received		Amount
Street Address	City		State	Zip Code	
<b>TOTAL SECTION J</b>					0
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
Name			Date of Transaction		Amount Received
Street Address	City		State	Zip Code	
Description					
<b>TOTAL SECTION K</b>					0
<b>SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)</b>					
Total Loans Received this Period (Section D)					0
Total Receipts from Entities other than Individuals or Other Committees (Section E)					+
Total Amount Transferred from Affiliated Business Treasury (Section F)					+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)					+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)					+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)					+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)					+
<b>Total of Other Monetary Receipts</b>					0
<i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i>					

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lukasiewicz for BOE	October 10 Filing

### L1. Event Information

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="radio"/> Yes <input type="radio"/> No
Location: Street Address			City	State    Zip Code

**Subpart 1: (All Committees)**

Was this event hosted at a personal residence?     Yes *(If yes, go to Section L5 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 goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?     Yes *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?     Yes *(If yes, enter Total Receipts here.)*     No    \$

**Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)**  
 Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?     Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*  
 No

**Subpart 3: (Town Committees ONLY)**  
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?     Yes *(If yes, enter Total Receipts here.)*     No    \$

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="radio"/> Yes <input type="radio"/> No
Location: Street Address			City	State    Zip Code

**Subpart 1: (All Committees)**

Was this event hosted at a personal residence?     Yes *(If yes, go to Section L5 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 goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?     Yes *(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)*  
 No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?     Yes *(If yes, enter Total Receipts here.)*     No    \$

**Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)**  
 Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?     Yes *(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)*  
 No

**Subpart 3: (Town Committees ONLY)**  
 Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?     Yes *(If yes, enter Total Receipts here.)*     No    \$

SUBTOTAL Section L1—Subpart 1 <i>(All Committees)</i> Total Receipts from Sale of Donated Items — This Page	0
SUBTOTAL Section L1—Subpart 3 <i>(Town Committees ONLY)</i> Total Receipts from Food Purchases — This Page	0
TOTAL of additional Section L1 Pages	0
<b>TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES</b> <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i>	0

## II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lukasiewicz for BOE	October 10 Filing

### L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	
Name of Purchaser				Purchase Made By:	
				<input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> Individual/Sole Proprietorship	
Street Address		City		State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase	

SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page 0

SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page 0

TOTAL of additional Section L3 Pages 0

TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN 0  
*(Enter total on Line 16c, Column A of Summary Page Totals)*

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lukasiewicz for BOE			October 10 Filing	
<b>L4. In-Kind Donations Not Considered Contributions</b>				
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
Name of Donor				
Street Address		City		State    Zip Code
Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
	Date Received	Event #		
<b>SUBTOTAL Section L4 — This Page</b>			0	
<b>TOTAL of additional Section L4 Pages</b>			0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS</b> <i>(Enter total on Line 21, Column A of Summary Page Totals)</i>			0	

## II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>			TYPE OF REPORT	
Lukasiewicz for BOE			October 10 Filing	
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party</b>				
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
Name of Host			Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i>	
Street Address		City		State    Zip Code
Description of Donation			<b>Fair Market Value of Donation</b>	
Event #	Aggregate Value of this Event— <i>all hosts</i>	Aggregate Value of all Events— <i>this host candidate</i>		
<b>SUBTOTAL Section L5 — This Page</b>			0	
<b>TOTAL of additional Section L5 Pages</b>			0	
<b>TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY</b> <i>(Enter total on Line 22, Column A of Summary Page Totals)</i>			0	

### III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>	TYPE OF REPORT
Lukasiewicz for BOE	October 10 Filing

#### M. In-Kind Contributions

Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
Name			
Street Address		City	State    Zip Code
Type of contributor: <input type="radio"/> Committee <input type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other	Date Received	Aggregate Contributions	Description of In-Kind Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No	If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No		<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported listed in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i>	Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i>		
<b>SUBTOTAL Section M — This Page</b>		0	
<b>TOTAL of additional Section M Pages</b>		0	
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS</b> <i>(Enter total on Line 23, Column A of Summary Page Totals)</i>		0	

#### N. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State    Zip Code	<b>Amount of Deposit</b>
Name of Telephone Company				
Street Address		City	State    Zip Code	
<b>TOTAL SECTION N</b> <i>(Enter total on Line 24, Column A of Summary Page Totals)</i>				0

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Lukasiewicz for BOE			October 10 Filing	
<b>P. Expenses Paid by Committee</b>				
Name of Payee		Date of Payment	Method of Payment:	
Anedot		9/30/25	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
1340 Polydras St #1770		New Orleans	LA	70112
Purpose of Expenditure (by code)	Description	Event #	Amount	
WEB	\$196.93 paid in fees to Anedot for this filing period.		\$196.93	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Thomaston Savings Bank		7/31/25	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
40 Middle St		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Paper Statement Charge		\$5	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Thomaston Savings Bank		8/29/25	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT	
Street Address		City	State	Zip Code
40 Middle St		Bristol	CT	06010
Purpose of Expenditure (by code)	Description	Event #	Amount	
BNK	Paper Statement Charge		\$5	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
Name of Payee		Date of Payment	Method of Payment:	
Compumail			<input type="radio"/> Check # _____ <input checked="" type="radio"/> Debit Card <input type="radio"/> EFT	
Street Address		City	State	Zip Code
298 Captain Lewis Dr		Southington	CT	06489
Purpose of Expenditure (by code)	Description	Event #	Amount	
A-SIGN	Purchased 150 signs		\$1057.35	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			
	<input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D			
<b>SUBTOTAL Section P — This Page</b>		1264.28		
<b>TOTAL of additional Section P Pages</b>		238.68		
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>		1502.96		

**IV. EXPENDITURES (Sections P—T)**

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Lukasiewicz for BOE				October 10 Filing	
<b>Q. Campaign Expenses Paid by Candidate</b>					
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i>			Date of Payment		Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
<b>SUBTOTAL Section Q — This Page</b>					0
<b>TOTAL of additional Section Q Pages</b>					0
<b>TOTAL OF ALL EXPENSES PAID BY CANDIDATE</b> <i>(Enter total on Line 26, Column A of Summary Page Totals)</i>					0

Section P. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Lukasiewicz for BOE	October 10 Filing

**P. Expenses Paid by Committee**

Name of Payee	Date of Payment	Method of Payment:
Gary Lukasiewicz	8/25/25	<input checked="" type="radio"/> Check # 1003 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
290 Perkins St	Bristol	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
TRVL	Mileage for gas used while delivering signs		\$43.68

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Compumail	8/28/25	<input checked="" type="radio"/> Check # 1006 <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code
298 Captain Lewis Dr	Southington	CT	06489

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	Palm Cards		\$190

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
Thomaston Savings Bank	9/30/25	<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT

Street Address	City	State	Zip Code
40 Middle Street	Bristol	CT	06010

Purpose of Expenditure (by code)	Description	Event #	Amount
BNK	Paper Statement Charge		\$5

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment:
		<input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT

Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)		
	<input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

SUBTOTAL Section P — This Page	\$238.68
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### IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i>				TYPE OF REPORT	
Lukasiewicz for BOE				October 10 Filing	
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description	Event #		<b>Amount</b>	
Expenditure # <i>(if applicable)</i>	Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D				
<b>SUBTOTAL Section R — This Page</b>				0	
<b>TOTAL of additional Section R Pages</b>				0	
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b>				0	
<i>(Enter total on Line 27, Column A of Summary Page Totals)</i>					



