EXHIBIT 1

Tom's January 31, 2026 Financial Affidavit

FINANCIAL AFFIDAVIT
JD-FM-6-LONG Rev. 2-16
P.B. §§ 25-30, 25a-15

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.ct.gov

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FINAFFL

Instructions

*Use this long version if either your **gross annual income is more than $75,000** (see Section I. Income) or your **total net assets are more than $75,000** (see Section IV. Assets), or if both are more than $75,000. Otherwise, use the short version, form JD-FM-6-SHORT.*

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Docket number: **FST - FA - 16 - 5015729 - S**

For the Judicial District of: **Stamford**

At *(Address of Court)*: **123 Hoyt St Stamford CT 06905**

Name of case: **Cyganovich v. Cyganovich**

Name of affiant *(Person submitting this form)*: **Thomas Cyganovich**

☐ Plaintiff ☒ Defendant

Certification

I understand that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I. Income

1) Gross Weekly Income/Monies and Benefits From All Sources

Computed based on year-to-date, but no less than the last 13 weeks. If computation is based on less than 13 weeks or if your computations are not reflective of current wages, explain:

Paid: ☐ Weekly ☐ Bi-weekly ☐ Monthly ☒ Semi-monthly ☐ Annually

If income is not paid weekly, adjust the rate of pay to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

(a)	Employer(s)	Address(es)	Base Pay:	
Job 1	Columbia University	401 West 119th St New York, NY 10027	☒ Salary ☐ Wages	$ 4,265.84
Job 2			☐ Salary ☐ Wages	$
Job 3			☐ Salary ☐ Wages	$

Total of base pay from salary and wages of all jobs ..... $ 4,265.84

(b)	Overtime	$ 0.00	(o)	Unemployment	$ 0.00
(c)	Self-employment	$ 0.00	(p)	Worker's compensation	$ 0.00
(d)	Tips	$ 0.00	(q)	Public Assistance *(Welfare, TFA payments)*	$ 0.00
(e)	Commissions	$ 0.00			
(f)	Bonuses	$ 0.00	(r)	Child Support *(Actually received)*	$ 0.00
(g)	Dividends	$ 0.00	(s)	Alimony *(Actually received)*	$ 0.00
(h)	Interest	$ 0.00	(t)	Rental and income producing property	$ 0.00
(i)	Trusts	$ 0.00	(u)	Royalties and other rights	$ 0.00
(j)	Annuities	$ 0.00	(v)	Contributions from household member(s)	$ 0.00
(k)	Pensions	$ 0.00	(w)	Cash income	$ 0.00
(l)	Retirement/Tax Deferred Funds	$ 0.00	(x)	Veterans Benefits	$ 0.00
(m)	Social Security	$ 0.00	(y)	Other: N/A	$ 0.00
(n)	Disability	$ 0.00			

(z) Total Gross Weekly Income/Monies and Benefits From All Sources *(Add items a through y)* $ 4,265.84

Hours worked per week 35

Gross yearly income from prior tax year. Provide amount of income, not copies of forms ..... $ 221,824.00

List here and explain any other income including but not limited to: non-reported income; and support provided by relatives, friends, and others:

N/A

2) Mandatory Deductions *(If consistent deductions don't occur every pay check* ***provide average amounts****.)*

	Job 1	Job 2	Job 3	Totals
(1) Federal income tax deductions *(claiming 2 exemptions)*	$ 725.09	$	$	$ 725.09
(2) Social Security or Mandatory Retirement	$ 209.96	$	$	$ 209.96
(3) State income tax deductions *(claiming 2 exemptions)*	$ 278.88	$	$	$ 278.88
(4) Medicare	$ 59.40	$	$	$ 59.40
(5) Health insurance	$ 240.74	$	$	$ 240.74
(6) Union dues	$	$	$	$ 0.00
(7) Prior court order — child support or alimony	$	$	$	$ 0.00
(8) Total Mandatory Deductions *(add items 1 through 7)*	$ 1,514.07	$ 0.00	$ 0.00	$ 1,514.07

3) Net Weekly Income ..... $ 2,751.77

Subtract the Total Mandatory Deductions [see item I., 2), (8)] from the Total Gross Weekly Income/Monies and Benefits From All Sources [see item I., 1), z)]

4) Other Deductions

(1) Credit Union Loan	$	(5) Health Savings Account(s) or Plan(s)	$
(2) Savings	$	(6) Deferred Compensation or 401K	$ 213.29
(3) Retirement	$	(7) Other Pre-Tax Deductions	$
(4) Subsequent Other Order of Court *(i.e., child support, alimony)*	$	(8) Other Wage Executions	$

(9) Total Other Deductions ***(add items 1 through 8)*** ..... $ 213.29

II. Weekly Expenses Not Deducted From Pay

If expenses are not paid weekly, adjust the rate of payment to weekly as follows:

Bi-weekly → divide by 2	Semi-monthly → multiply by 2, multiply by 12, divide by 52
Monthly → multiply by 12, divide by 52	Annually → divide by 52

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Home:

Rent or Mortgage *(Principal, Interest — Real Estate Taxes and Insurance if escrowed)*	☑ $ 1,471.57	2nd Mortgage/Home Equity Line of Credit or Other Lien	☐ $
Property taxes and assessments	☐ $	Household Improvements	
Condominium Fees	☒ $	*(Specify)* Furnace Replacement Loan	☑ $ 58.31

Utilities:

Oil	☒ $	Telephone/Cell/Internet	☑ $ 56.53
Electricity	☑ $ 69.23	Trash Collection	☑ $ 11.94
Gas	☑ $ 50.00	T.V./Internet	☑ $ 19.47
Water and Sewer	☑ $ 35.30		

Groceries *(after food stamps):* Including household supplies, formula, diapers *(Not including take out meals)* ..... ☑ $ 500.00

Restaurants *(Including take out meals)* ..... ☑ $ 100.00

Transportation:

Gas/Oil	☑ $ 15.00	Auto Loan or Lease	☑ $ 115.82
Repairs/Maintenance	☑ $ 9.61	Public Transportation	☑ $ 98.43
Automobile Insurance/Tax/Registration	☑ $ 55.34		

Insurance Premiums:

Medical/Dental *(Out-of-pocket expense after Health Savings Account/Plan)*	☑ $ 131.08	Life	☐ $
Uninsured Medical/Dental not paid by insurance			☐ $

Insert an ("x") in the box if you are **not** currently paying the expense, or if someone else is paying the expense.

Personal Care *(e.g., haircuts, etc.)*	☑	$ 50.00	Clothing	☑	$ 57.69
Dry Cleaning	☐	$ 0.00	Entertainment	☑	$ 48.07
Alcohol, Smoking Products	☐	$ 0.00	Vacation	☑	$ 38.46
Child(ren):					
Child Support of this case	☑	$ 225.00	Child(ren)'s Education *(elementary, secondary, college, occupational)*	☑	$ 100.96
Child Care Expense *(after deductions, credits and subsidies)*	☑	$ 800.00	Child(ren)'s activities *(e.g., lessons, sports, etc.)*	☑	$ 9.61
Child Support of other children other than this case *(attach a copy of the order)*	☐	$ 0.00	Child(ren)'s camp	☐	$ 0.00
☐ Check here if any part is court ordered			Child(ren)'s clothing and footwear	☑	$ 28.84
Education *(self)*				☐	$ 0.00
Alimony: Payable to this spouse				☐	$ 0.00
Alimony: Payable to another spouse				☐	$ 0.00
Employment related expenses *(which are not reimbursed):*					
Uniforms					
Travel				☑	$ 38.46
Required continuing education				☐	$ 0.00
Other *(Specify):*				☑	$ 5.76
Charitable Contributions				☐	$ 0.00
Child(ren)'s allowance				☑	$ 5.76
Extraordinary travel expenses for visitation with child(ren)				☐	$ 0.00
Other *(Specify):* **Education Spouse**				☐	$ 0.00
Total Weekly Expenses Not Deducted From Pay				☑	$ 384.61
					$ 4,590.85

III. Liabilities *(Debts)*

Do not include expenses listed above. Do not include mortgage current principal balance or loan balances that are listed under "Assets."

Creditor Name/Type of Debt		Balance Due	Date Debt Incurred/ Revolving	Weekly Payment
Credit Card Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
Other Consumer Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
Tax Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
Health Care Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
Other Debt				
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
	☐ Sole ☐ Joint	$		$
(A). Total Liabilities *(Total Balance Due on Debts)*		$ 0.00		
(B). Total Weekly Liabilities Expense				$ 0.00

IV. Assets

Note: Under "Ownership" indicate S for sole, JTS for joint with spouse, and JTO for joint with other. You must complete the last column to the right "Value of Your Interest" in each applicable section.

A. Real Estate *(including time share)*

Address	Ownership S	Ownership JTS	Ownership JTO	a. Fair Market Value *(Estimate)*	b. Mortgage Current Principal Balance	c. Equity Line of Credit and Other Liens	d. Equity (d = a minus (b + c))	e. Value of Your Interest
Home								
187 Kings Dr Southport CT 06890	☐	☒	☐	$ 1,400,000.00	$ 818,023.97	$	$ 581,976.03	$ 290,988.01
Other								
	☐	☐	☐	$	$	$	$ 0.00	$
	☐	☐	☐	$	$	$	$ 0.00	$
						Total Net Value of Real Estate:		**$ 290,988.01**

B. Motor Vehicles

	Year	Make	Model	Ownership S	Ownership JTS	Ownership JTO	a. Value	b. Loan Balance	c. Equity (c = a minus b)	d. Value of Your Interest
1:	2024	Toyota	Prius	☒	☐	☐	$ 29,300.00	$ 22,963.67	$ 6,336.33	$ 6,336.33
2:				☐	☐	☐	$	$	$ 0.00	$
3:				☐	☐	☐	$	$	$ 0.00	$
								Total Net Value of Motor Vehicles:		**$ 6,336.33**

C. Bank Accounts

Do not include custodial accounts or child(ren)'s assets — complete Section V. below.

Institution	Account Number *(last 4 numbers only)*	Ownership S	Ownership JTS	Ownership JTO	Current Balance/ Value	Value of Your Interest
Checking						
Chase						
	6465	☒	☐	☐	$ 5,459.46	$ 5,459.56
		☐	☐	☐	$	$
Savings		☐	☐	☐	$	$
Chase						
	6401	☒	☐	☐	$ 10,581.89	$ 10,581.89
Certificate of Deposit		☐	☐	☐	$	$
Credit Union		☐	☐	☐	$	$
Other Account *(i.e., money market, U.S. Savings Bonds, etc.)*		☐	☐	☐	$	$
		☐	☐	☐	$	$
					Total Net Value of Bank Accounts:	**$ 16,041.45**

D. Stocks, Bonds, Mutual Funds, Bond Funds

	Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Current Balance/ Value
Stocks	N/A			$ 0.00
Bonds	N/A			$ 0.00
Mutual Funds	N/A			$ 0.00
Bond Funds	N/A			$ 0.00
			Total Net Value of Stocks, Bonds, Mutual Funds, Bond Funds:	**$ 0.00**

E. Insurance *(exclude children)* D = Disability L = Life

Name of Insured	D	L	Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Current Balance/ Value
N/A						$ 0.00
						$
						$
					Total Net Value of Insurance:	**$ 0.00**

F. Retirement Plans *(Pensions on Interest, Individual IRA, 401K, Keogh, etc.)*

Type of Plan	Name of Plan/Bank/Company	Account Number *(last 4 numbers only)*	Listed Beneficiary	Receiving Payments	Current Balance/ Value
401K	Vanguard			☐ Yes ☑ No	$ 177,323.39
401K	Vanguard			☐ Yes ☑ No	$ 19,260.76
401K	TIAA			☐ Yes ☑ No	$ 131,627.14
				☐ Yes ☐ No	$
				☐ Yes ☐ No	$
				Total Net Value of Retirement Plans:	**$ 328,211.29**

G. Business Interest/Self-Employment

If you own an interest in a business, or are self-employed, complete this section.

Name of Business	Percent Owned	Value
N/A		
	%	$ 0.00
	%	$ 0.00
Total Net Value of Business Interest/Self-Employment:		**$ 0.00**

H. Institutional Held Assets

	Institution/Individual	Account Number *(last 4 numbers only)*	Listed Beneficiary	Current Balance/ Value
Annuity	N/A			$ 0.00
Cash in Brokerage Account(s)	N/A			$ 0.00
	N/A			$ 0.00
Funds Held in Escrow Including Money Held by Attorney	N/A			$ 0.00
Profit Sharing	N/A			$ 0.00
			Total Net Value of Institutional Held Assets:	**$ 0.00**

I. Other Assets

Name of Asset	Current Balance/ Value	Name of Asset	Current Balance/ Value
Arts and Antiques	$ 0.00	Firearms	$ 0.00
Cash on hand	$ 0.00	Home Furnishings	$ 0.00
Collections	$ 0.00	Jewelry	$ 0.00
Contents of Safe or Safe Deposit Box	$ 0.00	Money Owed to You	$ 0.00
Crops/Livestock	$ 0.00	Tools/Equipment	$ 0.00

Name of Asset	Name of Beneficiary	Current Balance/ Value
Inheritances	N/A	$ 0.00
Other *(specify)*	N/A	$ 0.00
		$
	Total Net Value of Other Assets:	**$ 0.00**

J. Total Net Value All Assets *(add items A through I)* ..... **$ 641,577.08**

V. Child(ren)'s Assets

Include Uniform Gift to Minor Account, Uniform Trust to Minor Account, College Accounts/529 Account, Custodial Account, etc.

Institution	Account Number *(last 4 numbers only)*	Listed Beneficiary	Person Who Controls the Account *(Fiduciary)*	Current Balance/ Value
Fidelity- 529 Account	4156	Cole Cyganovich	Laura Cyganovich	$ 1,767.00
Uniform Trust Minor Account	7531	Cole Cyganovich	Laura Cyganovich	$ 1,814.00
Chase Checking	3987	Scarlett Cyganovich	Thomas Cyganovich	$ 300.00
Chase Savings	7632	Scarlett Cyganovich	Thomas Cyganovich	$ 1,378.41
				$
			Total Net Value of Child(ren)'s Assets:	**$ 5,259.41**

VI. Health Insurance *(Medical and/or Dental Insurance)*

Company	Name of Insured Person(s) Covered by the Policy
United Healthcare	Thomas Cyganovich, Laura Cyganovich, Scarlett Cyganovich,
	Cole Cyganovich, Cameron Cyganovich

Do you or any member of your family have HUSKY Health Insurance Coverage? ☐ Yes ☒ No ☐ I Don't Know

If Yes, whom?

Important:
If you have other financial information that has not yet been disclosed, you have an affirmative duty to disclose that information. List additional information below:

Summary *(Use the amounts shown in Sections I. through IV.)*

Total Net Weekly Income *(See Section I. 3)*	$	2,751.77
Total Weekly Expenses and Liabilities *(Total From Section II. + III.(B))*	$	4,590.85
Total Cash Value of Assets *(See Section IV. J.)*	$	641,577.08
Total Liabilities *(Total Balance Due on Debts) (See Section III. (A))*	$	0.00

Certification

I certify under the penalties of perjury that the information stated on this Financial Statement and the attached Schedules, if any, is complete, true, and accurate. **I understand that willful misrepresentation of any of the information provided will subject me to sanctions and may result in criminal charges being filed against me.**

I, **Thomas Cyganovich** the ☒ Plaintiff ☐ Defendant herein, residing at **187 Kings Dr Southport CT 06890**, telephone number **6466206544**, being duly sworn, depose and say that the following is an accurate statement of my income from all sources, my liabilities, my assets and my net worth, from whatever sources, and whatever kind and nature, and wherever situated.

Signed *(Affiant)*	Date signed
	1-31-26
Signed *(Notary, Commissioner of Superior Court, Assistant Clerk, Other Proper Officer under Sec. 1-24 of the Connecticut General Statutes)*	Print name and title of person signing at left: Richard M Raphael Com of Sup Ct — Date signed: 1/31/26