

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2024



Electronic Filing

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**COVER PAGE**

|  |  |                             |   |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE   |  |                             |   |
| <b>Milford Democratic Town Committee</b>   |  |                             |   |
| 2. TREASURER NAME  |  |                             |   |
| First<br><b>Meghan</b>   | MI<br><b>M</b>   | Last<br><b>Doyle</b>        | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                             |   |
| Street Address<br><b>112 W Town St</b>   | City<br><b>Milford</b>   | State<br><b>CT</b>          | Zip Code<br><b>06460</b>                  |
| 4. ELECTION/REFERENDUM DATE  | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> |                             | 6. DISTRICT NUMBER <i>(if applicable)</i> |
|  |  |                             |   |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>   |  |                             |   |
| First  | MI   | Last                        | Suffix                                    |
|  |  |                             |   |
| 8. TYPE OF REPORT  |  |                             |   |
| <b>7th Day Preceding General Election - Original</b>   |  |                             |   |
| 9. PERIOD COVERED  |  |                             |   |
| Beginning Date   |  | Ending Date                 |   |
| <b>10/01/2025</b>  |  | thru <b>10/26/2025</b>      |   |
| 10. CERTIFICATION  |  |                             |   |
| <input checked="" type="checkbox"/> 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. |  |                             |   |
| <b>Electronic Filing</b>   | <b>Meghan Doyle</b>  | <b>10/28/2025 8:30:19PM</b> |   |
| SIGNATURE  | PRINT NAME OF THE SIGNER                                       | DATE CERTIFIED              |   |
| <p><b>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.</b></p>  |  |                             |   |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                                |                       |
|---|---|-----------------------|
| <b>Milford Democratic Town Committee</b>  | 7th Day Preceding General Election - Original |                       |
|   | COLUMN A<br>This Period                       | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |   | <b>\$14,415.43</b>    |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$19,784.72</b>                            |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$2,395.00</b>                             | <b>\$28,410.00</b>    |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$1,000.00</b>                             | <b>\$4,198.76</b>     |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | <b>\$0.00</b>                                 | <b>\$100.00</b>       |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed  |   |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)   | <b>\$0.00</b>                                 | <b>\$5,050.00</b>     |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$3,395.00</b>                             | <b>\$37,758.76</b>    |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$23,179.72</b>                            | <b>\$52,174.19</b>    |
| 19. Expenses Paid by Committee (Section P)  | <b>\$17,218.58</b>                            | <b>\$46,213.05</b>    |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$5,961.14</b>                             | <b>\$5,961.14</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>                                 | <b>\$3,215.00</b>     |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)  | <b>\$75.00</b>                                | <b>\$75.00</b>        |
| 24. Refundable Deposit to Telephone Company (Section N)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 25. Loan Balance  | <b>\$0.00</b>                                 |                       |
| 25a. + Loans Received (Section D)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 25c. - Payments on Loan   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount  | <b>\$0.00</b>                                 |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | <b>\$3,484.83</b>                             |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | <b>\$3,484.83</b>                             |                       |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$0.00****B. Itemized Contributions from Individuals**

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Mulrenan   |  | First Name<br>Gail   |                                    | MI                     |
| Residential Street Address<br>204 3rd Ave   |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order |  | Date Received<br>10/01/2025  | Aggregate Contributions<br>\$40.00 | \$20.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Mulrenan   |  | First Name<br>Gail   |                                    | MI                     |
| Residential Street Address<br>204 3rd Ave   |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input checked="" type="checkbox"/> Money Order |  | Date Received<br>10/03/2025  | Aggregate Contributions<br>\$60.00 | \$20.00                |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Federico   |  | First Name<br>Jennifer   |                                       | MI                     |
| Residential Street Address<br>117 Hawley Ave  |  | City<br>Milford  | State<br>CT                           | Zip Code<br>06460      |
| Principal Occupation<br>Finance Controller  |  | Name of Employer<br>BigRed Rooster Flow  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/07/2025  | Aggregate Contributions<br>\$1,065.00 | \$50.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |  |                          |
|---|--|--|--|--------------------------|
| Last Name<br><b>Beatty</b>  |  | First Name<br><b>Ellen</b>   |  | MI                       |
| Residential Street Address<br><b>32 Elm St .</b>  |  | City<br><b>Milford</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06461</b> |
| Principal Occupation<br><b>Retired</b>  |  | Name of Employer<br><b>Retired</b>   |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>10182025A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/08/2025</b>   | Aggregate Contributions<br><b>\$225.00</b> |                          |
| <b>\$25.00</b>  |  |  |  |                          |
| Last Name<br><b>Barry</b>   |  | First Name<br><b>Max</b>   |  | MI                       |
| Residential Street Address<br><b>1 Riveredge Dr</b>   |  | City<br><b>Milford</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06460</b> |
| Principal Occupation<br><b>Management</b>   |  | Name of Employer<br><b>Aetna</b>   |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/08/2025</b>   | Aggregate Contributions<br><b>\$250.00</b> |                          |
| <b>\$250.00</b>   |  |  |  |                          |
| Last Name<br><b>Cozzi</b>   |  | First Name<br><b>Elaine</b>  |  | MI                       |
| Residential Street Address<br><b>117 Hawley Ln</b>  |  | City<br><b>Milford</b>   | State<br><b>CT</b>                         | Zip Code<br><b>06460</b> |
| Principal Occupation<br><b>Accounting Assistant</b>   |  | Name of Employer<br><b>Sodexo</b>  |  |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>10182025A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>10/09/2025</b>   | Aggregate Contributions<br><b>\$355.00</b> |                          |
| <b>\$10.00</b>  |  |  |  |                          |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |  |                                     |                   |
|---|---|--|-------------------------------------|-------------------|
| Last Name<br>Flowers  |   | First Name<br>Nicole                     |                                     | MI                |
| Residential Street Address<br>54 Maple St   |   | City<br>Milford                          | State<br>CT                         | Zip Code<br>06460 |
| Principal Occupation<br>Real Estate Broker  |   | Name of Employer<br>Brown Harris Stevens |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/10/2025              | Aggregate Contributions<br>\$100.00 | \$30.00           |

|   |   |                                 |                                   |                        |
|---|---|---------------------------------|-----------------------------------|------------------------|
| Last Name<br>McNulty  |   | First Name<br>Frederick         |                                   | MI<br>G                |
| Residential Street Address<br>4500 Broadwaym Apt 6J   |   | City<br>New York                | State<br>NY                       | Zip Code<br>10040-2638 |
| Principal Occupation<br>Lead Project Manager  |   | Name of Employer<br>Humana, Inc |                                   |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                 | Amount of Contribution            |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                 |                                   |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/11/2025     | Aggregate Contributions<br>\$5.00 | \$5.00                 |

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Doyle  |   | First Name<br>Eileen        |                                     | MI                |
| Residential Street Address<br>3 Alana Dr Unit 3   |   | City<br>Milford             | State<br>CT                         | Zip Code<br>06461 |
| Principal Occupation<br>Retired   |   | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/12/2025 | Aggregate Contributions<br>\$100.00 | \$100.00          |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Vasilas  |  | First Name<br>Penny  |                                     | MI                     |
| Residential Street Address<br>111 Broadway  |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/13/2025  | Aggregate Contributions<br>\$175.00 | \$25.00                |
| Last Name<br>Meehan   |  | First Name<br>Margaret   |                                     | MI                     |
| Residential Street Address<br>67 Founders Way   |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Lawyer  |  | Name of Employer<br>n/a  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/13/2025  | Aggregate Contributions<br>\$40.00  | \$40.00                |
| Last Name<br>Glennon  |  | First Name<br>Susan  |                                     | MI                     |
| Residential Street Address<br>99 Carlson Dr   |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>licensed early childhood professional   |  | Name of Employer<br>Susan Glennon  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/13/2025  | Aggregate Contributions<br>\$540.00 | \$250.00               |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Mulrenan   |  | First Name<br>Holly  |                                     | MI                     |
| Residential Street Address<br>204 3rd Ave   |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Educator  |  | Name of Employer<br>CT State Community College   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$540.00 | \$20.00                |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Rowland  |  | First Name<br>Kerri  |                                     | MI                     |
| Residential Street Address<br>161 Beach Ave   |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Registrar of Voters   |  | Name of Employer<br>City of Milford  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$225.00 | \$100.00               |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Decker   |  | First Name<br>Patrick  |                                    | MI                     |
| Residential Street Address<br>31 Shell Ave  |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$10.00 | \$10.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Herman   |  | First Name<br>Nancy  |                                    | MI                     |
| Residential Street Address<br>31 Shell Ave  |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$10.00 | \$10.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Herman   |  | First Name<br>Olivia   |                                    | MI                     |
| Residential Street Address<br>31 Shell Ave  |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>student   |  | Name of Employer<br>student  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/14/2025  | Aggregate Contributions<br>\$10.00 | \$10.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Hite   |  | First Name<br>Christopher  |                                    | MI                     |
| Residential Street Address<br>39 Acorn Ln   |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06461      |
| Principal Occupation<br>Attorney  |  | Name of Employer<br>Rosenberg & Hite, LLC  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/15/2025  | Aggregate Contributions<br>\$90.00 | \$20.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>May  |   | First Name<br>Albert        |                                     | MI                |
| Residential Street Address<br>56 Rogers Ave Unit Q  |   | City<br>Milford             | State<br>CT                         | Zip Code<br>06460 |
| Principal Occupation<br>Retired   |   | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/15/2025 | Aggregate Contributions<br>\$135.00 | \$10.00           |

|   |   |                               |                                    |                   |
|---|---|-------------------------------|------------------------------------|-------------------|
| Last Name<br>Icatar   |   | First Name<br>Robin           |                                    | MI                |
| Residential Street Address<br>1414 Windward Rd  |   | City<br>Milford               | State<br>CT                        | Zip Code<br>06461 |
| Principal Occupation<br>homemaker   |   | Name of Employer<br>homemaker |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                               | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                               |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/15/2025   | Aggregate Contributions<br>\$10.00 | \$10.00           |

|   |   |                             |                                     |                   |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Natowich   |   | First Name<br>Linda         |                                     | MI                |
| Residential Street Address<br>10 Chapel St  |   | City<br>Milford             | State<br>CT                         | Zip Code<br>06460 |
| Principal Occupation<br>retired   |   | Name of Employer<br>retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/15/2025 | Aggregate Contributions<br>\$200.00 | \$100.00          |

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Milford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Duva   |  | First Name<br>Joy  |                                     | MI                     |
| Residential Street Address<br>253 W Rutland Rd  |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06461      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/16/2025  | Aggregate Contributions<br>\$380.00 | \$20.00                |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Tedros   |  | First Name<br>Hanna  |                                     | MI                     |
| Residential Street Address<br>114 Maple St  |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Electives   |  | Name of Employer<br>Dir Id   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/16/2025  | Aggregate Contributions<br>\$210.00 | \$60.00                |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Montalbano   |  | First Name<br>Charles  |                                     | MI                     |
| Residential Street Address<br>30 Revere Pl  |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/17/2025  | Aggregate Contributions<br>\$490.00 | \$20.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                                    |                   |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Scobie   |   | First Name<br>Adam          |                                    | MI                |
| Residential Street Address<br>46 Fairview St  |   | City<br>Milford             | State<br>CT                        | Zip Code<br>06460 |
| Principal Occupation<br>director  |   | Name of Employer<br>n/a     |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/17/2025 | Aggregate Contributions<br>\$20.00 | \$20.00           |

|   |   |                             |                                    |                   |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name<br>MacIsaac   |   | First Name<br>Cindy         |                                    | MI                |
| Residential Street Address<br>102 Kings Hwy   |   | City<br>Milford             | State<br>CT                        | Zip Code<br>06460 |
| Principal Occupation<br>Retired   |   | Name of Employer<br>Retired |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/17/2025 | Aggregate Contributions<br>\$20.00 | \$20.00           |

|   |   |  |                                     |                   |
|---|---|--|-------------------------------------|-------------------|
| Last Name<br>Doyle  |   | First Name<br>Meghan                   |                                     | MI                |
| Residential Street Address<br>112 W Town St Apt A   |   | City<br>Milford                        | State<br>CT                         | Zip Code<br>06460 |
| Principal Occupation<br>Attorney  |   | Name of Employer<br>Dept Public Health |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/17/2025            | Aggregate Contributions<br>\$170.00 | \$10.00           |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |                             |                                    |                   |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Zayas  |   | First Name<br>Tasha         |                                    | MI                |
| Residential Street Address<br>414 Ansanrawae Rd   |   | City<br>Milford             | State<br>CT                        | Zip Code<br>06460 |
| Principal Occupation<br>Account Resolution Analyst  |   | Name of Employer<br>YNHH    |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/17/2025 | Aggregate Contributions<br>\$20.00 | \$20.00           |

|   |   |                                    |                                    |                   |
|---|---|------------------------------------|------------------------------------|-------------------|
| Last Name<br>Dawson   |   | First Name<br>David                |                                    | MI                |
| Residential Street Address<br>72 Lamplight Ln   |   | City<br>Milford                    | State<br>CT                        | Zip Code<br>06460 |
| Principal Occupation<br>Associate Director  |   | Name of Employer<br>Monroe College |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                    | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No             |                                    |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/18/2025        | Aggregate Contributions<br>\$80.00 | \$40.00           |

|   |  |                             |                                       |                   |
|---|--|-----------------------------|---------------------------------------|-------------------|
| Last Name<br>Badrick  |  | First Name<br>David         |                                       | MI                |
| Residential Street Address<br>65 Carriage Ln  |  | City<br>Milford             | State<br>CT                           | Zip Code<br>06460 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input checked="" type="checkbox"/> No                        |                             |                                       |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025 | Aggregate Contributions<br>\$1,010.00 | \$500.00          |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |                                     |                                       |                        |
|---|--|-------------------------------------|---------------------------------------|------------------------|
| Last Name<br>Smith  |  | First Name<br>Peter                 |                                       | MI                     |
| Residential Street Address<br>65 Old Field Ln   |  | City<br>Milford                     | State<br>CT                           | Zip Code<br>06460      |
| Principal Occupation<br>City Clerk  |  | Name of Employer<br>City of Milford |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025         | Aggregate Contributions<br>\$1,165.00 | \$250.00               |

|   |  |                             |                                     |                        |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name<br>Anderson   |  | First Name<br>Bryan         |                                     | MI                     |
| Residential Street Address<br>49 Ingersol Rd  |  | City<br>Milford             | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Sarah Harrower Realty   |  | Name of Employer<br>Realtor |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025 | Aggregate Contributions<br>\$425.00 | \$200.00               |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Cummings   |  | First Name<br>Kelley                       |                                    | MI                     |
| Residential Street Address<br>7 Chapel St   |  | City<br>Milford                            | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>Real Estate Agent   |  | Name of Employer<br>The Heritage Group LLC |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>10182025A  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                    |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025                | Aggregate Contributions<br>\$10.00 | \$10.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Scorzato   |  | First Name<br>Debbie   |                                    | MI                     |
| Residential Street Address<br>60 Broad St   |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>Realtor   |  | Name of Employer<br>Century 21   |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025  | Aggregate Contributions<br>\$10.00 |                        |
|   |  |  |                                    | \$10.00                |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Smith  |  | First Name<br>Richard  |                                     | MI                     |
| Residential Street Address<br>59 Sixth Ave  |  | City<br>Milford  | State<br>CT                         | Zip Code<br>06460      |
| Principal Occupation<br>Director  |  | Name of Employer<br>AT&T   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025  | Aggregate Contributions<br>\$530.00 |                        |
|   |  |  |                                     | \$10.00                |

|   |  |  |                                    |                        |
|---|--|--|------------------------------------|------------------------|
| Last Name<br>Smith  |  | First Name<br>Catherine  |                                    | MI                     |
| Residential Street Address<br>65 Old Field Ln   |  | City<br>Milford  | State<br>CT                        | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>Retired  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025  | Aggregate Contributions<br>\$30.00 |                        |
|   |  |  |                                    | \$30.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |   |  |                        |
|---|---|---|--|------------------------|
| Last Name<br>Carter   |   | First Name<br>Ann   |  | MI                     |
| Residential Street Address<br>35 Burwell Ave  |   | City<br>Milford   | State<br>CT  | Zip Code<br>06460      |
| Principal Occupation<br>Retired   |   | Name of Employer<br>Retired   |  |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No              | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>10182025A | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/18/2025   | Aggregate Contributions<br>\$45.00   |                        |
|   |   |   |  | \$10.00                |

|   |   |   |  |                        |
|---|---|---|--|------------------------|
| Last Name<br>Zullo  |   | First Name<br>Teresa  |  | MI                     |
| Residential Street Address<br>28 Concord  |   | City<br>Milford   | State<br>CT  | Zip Code<br>06460      |
| Principal Occupation  |   | Name of Employer  |  |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No              | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>10182025A | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/18/2025   | Aggregate Contributions<br>\$10.00   |                        |
|   |   |   |  | \$10.00                |

|   |   |   |  |                        |
|---|---|---|--|------------------------|
| Last Name<br>Bolan  |   | First Name<br>Caitlin   |  | MI                     |
| Residential Street Address<br>678 Buckingham  |   | City<br>Milford   | State<br>CT  | Zip Code<br>06460      |
| Principal Occupation  |   | Name of Employer  |  |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No              | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | <input type="checkbox"/> Yes <input type="checkbox"/> No   | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br>10182025A | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |   | Date Received<br>10/18/2025   | Aggregate Contributions<br>\$20.00   |                        |
|   |   |   |  | \$20.00                |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Badrick  |  | First Name<br>David  |                                       | MI                     |
| Residential Street Address<br>65 Carriage Ln  |  | City<br>Milford  | State<br>CT                           | Zip Code<br>06460      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025  | Aggregate Contributions<br>\$1,010.00 | \$10.00                |
| Last Name<br>Lutz   |  | First Name<br>Richard  |                                       | MI                     |
| Residential Street Address<br>178 Anderson Ave  |  | City<br>Milford  | State<br>CT                           | Zip Code<br>06460      |
| Principal Occupation<br>N/A   |  | Name of Employer<br>N/A  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182025A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>10/18/2025  | Aggregate Contributions<br>\$10.00    | \$10.00                |
| <b>Total of Section B</b>   |  |  | <b>\$2,395.00</b>                     |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>  |  |  | <b>\$2,395.00</b>                     |                        |

(Sections A &amp; B)

(Total on Line 13 of Summary Page)

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**C1. Contributions from Other Committees**

|                         |       |   |                        |
|-------------------------|-------|---|------------------------|
| Name of Committee       |       | Name of Treasurer   |                        |
| Firewall Fund           |       | Timothy Birch   |                        |
| Address                 |       | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                        |
| 506 King St             |       | If yes, list Event #  |                        |
| City                    | State | Zip Code  | Date Received          |
| Bristol                 | CT    | 06010   | 10/23/2025             |
| Aggregate Contributions |       |   | Amount of Contribution |
| \$1,000.00              |       |   | \$1,000.00             |

**Total of Section C1****\$1,000.00****I. MONETARY RECEIPTS (Section A-K)**

|                                   |   |
|-----------------------------------|---|
| NAME OF COMMITTEE                 | TYPE OF REPORT                                |
| Milford Democratic Town Committee | 7th Day Preceding General Election - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

|                                  |  |                   |          |
|----------------------------------|--|-------------------|----------|
| Name of Committee                |  | Name of Treasurer |          |
| Address                          |  | Date Received     |          |
| City                             |  | State             | Zip Code |
| Expenditure # (if applicable)    |  | Description       |          |
| Payment Type                     |  | Amount of Receipt |          |
| Reimbursement for shared expense |  |                   |          |
| Surplus Distribution             |  |                   |          |

**Total of Section C2**

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**D. Loans Received this Period**

|  |                 |           |            |  |                 |
|--|-----------------|-----------|------------|--|-----------------|
| Name of Lender                             | Source of Loan: |           |            |  | Date of Receipt |
|  | Bank            | Candidate | Individual | Other  |                 |
| Street Address                             | City            | State     | Zip Code   | Is there a cosigner or Guarantor of this loan? |                 |
|  |                 |           |            | Yes  | No              |
| Name of Cosigner/Guarantor (if applicable) |                 |           |            | Amount Received                                |                 |
| Street Address                             | City            | State     | Zip Code   |  |                 |
| <b>Total of Section D</b>                  |                 |           |            |  |                 |

**I. MONETARY RECEIPTS (Section A-K)**

|                                   |   |
|-----------------------------------|---|
| NAME OF COMMITTEE                 | TYPE OF REPORT                                |
| Milford Democratic Town Committee | 7th Day Preceding General Election - Original |

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

|                           |       |          |                         |                 |
|---------------------------|-------|----------|-------------------------|-----------------|
| Name of Entity            |       |          |                         |                 |
| Street Address            |       |          | Date Received           | Amount Received |
| City                      | State | Zip Code | Aggregate Contributions |                 |
| <b>Total of Section E</b> |       |          |                         |                 |

**I. MONETARY RECEIPTS (Section A-K)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**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? | Yes | No | If yes, list Event # | Amount |
| <b>Total of Section F</b> |  |     |    |                      |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |
|--|---|
| NAME OF COMMITTEE  | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |   |
| Date of Receipt  | Amount  |
| <b>Total of Section G</b>  |   |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |        |
|--|--|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT   |        |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original  |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>Cash                      Personal Check                      Credit/Debit Card | Amount |
| <b>Total of Section H</b>  |  |        |

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |   |        |
|--|------|---------------|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT                                |        |
| Milford Democratic Town Committee  |      |               | 7th Day Preceding General Election - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |   |        |
| Name of Institution  |      | Date Received |   | Amount |
| Street Address   | City | State         | Zip Code                                      |        |
| <b>Total of Section J</b>  |      |               |   |        |

**I. MONETARY RECEIPTS (Section A-K)**

| NAME OF COMMITTEE                 | TYPE OF REPORT                                |
|-----------------------------------|---|
| Milford Democratic Town Committee | 7th Day Preceding General Election - Original |

**K. Miscellaneous Monetary Receipts not Considered Contributions**

| Name                      | Date of Transaction | Amount Received |          |
|---------------------------|---------------------|-----------------|----------|
| Street Address            | City                | State           | Zip Code |
| Description               |                     |                 |          |
| <b>Total of Section K</b> |                     |                 |          |

**II. EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
|--|---|
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**L1. Event Information**

|   |             |  |   |                   |
|---|-------------|--|---|-------------------|
| Event #<br>Date of Event<br>10/18/2025  | Letter<br>A | Description<br>Breakfast Event   | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                   |
| Location: Street Address<br>124 New Haven Ave   |             | City<br>Milford  | State<br>CT   | Zip Code<br>06460 |
| <i>Subpart 1: (All Committees)</i>  |             |  |   |                   |
| Was this event hosted at a personal residence?  |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (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.) |                   |
| 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? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)  |                   |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  | \$0.00            |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |             |  |   |                   |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)   |                   |
| <i>Subpart 3: (Town Committees ONLY)</i>  |             |  |   |                   |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.)  | \$0.00            |
| <b>Total of Section L1</b>  |             |  |   | <b>\$0.00</b>     |

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

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

|                            |         |                                       |                               |
|----------------------------|---------|---------------------------------------|-------------------------------|
| Name of Purchaser          |         | Purchase Made By:                     |                               |
|                            |         | <b>Business Entity</b>                | <b>Other</b>                  |
|                            |         | <b>Individual/Sole Proprietorship</b> |                               |
| Street Address             |         | City                                  | State                         |
|                            |         |                                       | Zip Code                      |
|                            |         |                                       |                               |
| Date Received              | Event # | Aggregate Purchases for All Events    | Amount of Program Ad Purchase |
|                            |         |                                       | Amount of Sign Purchase       |
|                            |         |                                       |                               |
| <b>Total of Section L3</b> |         |                                       |                               |

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**L4. In-Kind Donations Not Considered Contributions**

|                            |                         |         |                                |
|----------------------------|-------------------------|---------|--------------------------------|
| Name of the Donor          |                         |         |                                |
|                            |                         |         |                                |
| Street Address             |                         | City    | State                          |
|                            |                         |         | Zip Code                       |
|                            |                         |         |                                |
| Donation Given by:         | Description of Donation |         | Fair Market Value of Donation  |
| Business Entity            |                         |         |                                |
| Individual                 | Date Received           | Event # | Aggregate value for this event |
| Sole Proprietorship        |                         |         |                                |
| <b>Total of Section L4</b> |                         |         |                                |

**II. EVENT ACTIVITY (Sections L1 - L5)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

|                         |   |  |                               |
|-------------------------|---|--|-------------------------------|
| Name of the Host        |   | Is this event supporting more than one candidate or committee? |                               |
|                         |   | Yes  | No                            |
|                         |   | If yes, complete Itemization in Addendum L5                    |                               |
| Street Address          | City                                      | State  | Zip Code                      |
| Description of Donation |   |  | Fair Market Value of Donation |
| Event #                 | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate            |                               |

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**M. In-Kind Contributions**

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| Name<br>Russell Feinmark   |   |                                     |   |
| Street Address<br>167 Beach Ave  | City<br>Milford   | State<br>CT                         | Zip Code<br>06460   |
| Type of Contributor: <input type="checkbox"/> Committee<br><input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received<br>10/18/2025   | Aggregate contributions<br>\$235.00 | Description of In-Kind Contribution<br>food for Pancake Breakfast |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                 | If contribution is in excess of \$400 to a candidate committee 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 \$5000?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                     | Fair Market Value of this Contribution                            |
| Is this contribution associated with an event reported in Section L1?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                                     | \$75.00   |
| If yes, list Event#  | 10182025A   |                                     |   |

**Total of Section M**

**\$75.00**

**III. Non Monetary Receipts (Sections M - O)**

|                                   |   |
|-----------------------------------|---|
| NAME OF COMMITTEE                 | TYPE OF REPORT                                |
| Milford Democratic Town Committee | 7th Day Preceding General Election - Original |

**N. Refundable Deposit to Telephone Company**

|                            |            |       |                   |                   |
|----------------------------|------------|-------|-------------------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |                   |
| Residential Street Address | City       | State | Zip Code          | Amount of Deposit |
| Name of Telephone company  |            |       |                   |                   |
| Street Address             | City       | State | Zip Code          |                   |
| <b>Total of Section N</b>  |            |       |                   |                   |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |  |                               |  |                   |
|--|--|-------------------------------|--|-------------------|
| Name of Payee<br>Mailchimp                     |  | Date of Payment<br>10/01/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>405 Angier Ave NE            |  | City<br>Atlanta               | State<br>GA  | Zip Code<br>30308 |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Email system  |                               |  | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount            |
| 601014   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$20.20           |
| Name of Payee<br>Alex Armstrong                |  | Date of Payment<br>10/01/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>68 Clark Hill Rd             |  | City<br>Milford               | State<br>CT  | Zip Code<br>06460 |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Candidate website September and October   |                               |  | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount            |
| 601014   | <input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$54.00           |
| Name of Payee<br>USPS                          |  | Date of Payment<br>10/02/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>6 W River St                 |  | City<br>Milford               | State<br>CT  | Zip Code<br>06460 |
| Purpose of Expenditure (by code)<br><br>POST   | Description<br>Postage for Postcards (500)   |                               |  | Event #           |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount            |
|  | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$305.00          |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |   |                        |
|--|---|-------------------------------|---|------------------------|
| Name of Payee<br>Milford Elks Lodge            |   | Date of Payment<br>10/05/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1081<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>124 New Haven Ave .          |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460      |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>deposit for pancake breakfast  |                               |   | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$250.00 |
| Name of Payee<br>USPS                          |   | Date of Payment<br>10/06/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                        |
| Street Address<br>300 Pepes Farm Rd            |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460      |
| Purpose of Expenditure (by code)<br><br>POST   | Description<br>Postage for Postcards (460)  |                               |   | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$280.60 |
| Name of Payee<br>Christopher Hite              |   | Date of Payment<br>10/07/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                        |
| Street Address<br>39 Acorn Ln                  |   | City<br>Milford               | State<br>CT   | Zip Code<br>06461      |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>creation of a candiate video   |                               |   | Event #                |
| Expenditure # (if applicable)<br><br>600974    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$275.49 |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |   |                        |
|--|---|-------------------------------|---|------------------------|
| Name of Payee<br>Nija Phelps                 |   | Date of Payment<br>10/10/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1041<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>1264 Naugatuck Ave         |   | City<br>Milford               | State<br>CT   | Zip Code<br>06461      |
| Purpose of Expenditure (by code)<br><br>RMB  | Description<br>for balloons for grand opening   |                               |   | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$20.47  |
| Name of Payee<br>USPS                        |   | Date of Payment<br>10/11/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                        |
| Street Address<br>300 Pepes Farm Rd          |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460      |
| Purpose of Expenditure (by code)<br><br>POST | Description   |                               |   | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$390.00 |
| Name of Payee<br>USPS                        |   | Date of Payment<br>10/15/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                        |
| Street Address<br>6 W River St               |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460      |
| Purpose of Expenditure (by code)<br><br>POST | Description   |                               |   | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br>\$305.00 |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |   |                      |
|--|---|-------------------------------|---|----------------------|
| Name of Payee<br>Dunkin                    |   | Date of Payment<br>10/18/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                      |
| Street Address<br>594 New Haven Ave .      |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460    |
| Purpose of Expenditure (by code)<br>FOOD   | Description<br>Donuts and Coffee for Pancake Breakfast  |                               |   | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$89.06    |
| Name of Payee<br>Milford Elks Lodge        |   | Date of Payment<br>10/18/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1083<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>124 New Haven Ave .      |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460    |
| Purpose of Expenditure (by code)<br>FNDR * | Description<br>hall rental for pancake breakfast  |                               |   | Event #<br>10182025A |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$350.00   |
| Name of Payee<br>Blue Edge Strategies      |   | Date of Payment<br>10/19/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1042<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>54 Robert Rd             |   | City<br>Manchester            | State<br>CT   | Zip Code<br>06040    |
| Purpose of Expenditure (by code)<br>A-SIGN | Description   |                               |   | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$5,049.58 |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |   |                    |
|--|---|-------------------------------|---|--------------------|
| Name of Payee<br>Antonia Lombardi          |   | Date of Payment<br>10/19/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                    |
| Street Address<br>195 Meadowside Rd        |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460  |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>Campaign video for candidate   |                               |   | Event #            |
| Expenditure # (if applicable)<br>601006    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$398.81 |
| Name of Payee<br>Stuart Zolty              |   | Date of Payment<br>10/22/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                    |
| Street Address<br>171 Magnolia Rd          |   | City<br>Milford               | State<br>CT   | Zip Code<br>06461  |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>creation of candidate video  |                               |   | Event #            |
| Expenditure # (if applicable)<br>600979    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$275.49 |
| Name of Payee<br>Mike Brown                |   | Date of Payment<br>10/23/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1045<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                    |
| Street Address<br>78 Olive St              |   | City<br>New Haven             | State<br>CT   | Zip Code<br>06511  |
| Purpose of Expenditure (by code)<br>RMB    | Description<br>reimbursement for stamps and postcard printing   |                               |   | Event #            |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br>\$430.00 |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |   |                               |   |                                 |
|---|---|-------------------------------|---|---------------------------------|
| Name of Payee<br><b>Katherine Lutz</b>            |   | Date of Payment<br>10/23/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1043<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>178 Anderson Ave                |   | City<br>Milford               | State<br>CT   | Zip Code<br>06460               |
| Purpose of Expenditure (by code)<br><b>RMB</b>    | Description<br>reimbursement for tax signs  |                               |   | Event #                         |
| Expenditure # (if applicable)                     | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br><b>\$888.02</b>   |
| Name of Payee<br><b>Blue Edge Strategies</b>      |   | Date of Payment<br>10/23/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1044<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                 |
| Street Address<br>54 Robert Rd                    |   | City<br>Manchester            | State<br>CT   | Zip Code<br>06040               |
| Purpose of Expenditure (by code)<br><b>A-DM</b>   | Description   |                               |   | Event #                         |
| Expenditure # (if applicable)                     | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br><b>\$7,471.47</b> |
| Name of Payee<br><b>Mary Claire Edmonds</b>       |   | Date of Payment<br>10/24/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                                 |
| Street Address<br>240 Acorn St                    |   | City<br>Milford               | State<br>CT   | Zip Code<br>06461               |
| Purpose of Expenditure (by code)<br><b>Misc *</b> | Description<br>Campaign Video for Candidate   |                               |   | Event #                         |
| Expenditure # (if applicable)<br><b>601002</b>    | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |   | Amount<br><br><b>\$275.49</b>   |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |
| <b>P. Expenses Paid By Committee</b>   |   |

|  |   |  |                    |
|--|---|--|--------------------|
| Name of Payee<br>Anedot                    | Date of Payment<br>10/26/2025   | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                    |
| Street Address<br>1340 Poydras St # 1770   | City<br>New Orleans   | State<br>LA  | Zip Code<br>70112  |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>online payments cost   | Event #  |                    |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount<br>\$89.90  |                    |
| <b>Total of Section P</b>                  |   |  | <b>\$17,218.58</b> |

**IV. EXPENDITURES (Sections P - T)**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
|  | 7th Day Preceding General Election - Original |
| <b>Q. Campaign Expenses Paid By Candidate</b>                                  |   |

|  |                 |                                     |          |
|--|-----------------|-------------------------------------|----------|
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) | Date of Payment | Is Reimbursement Claimed?<br>Yes No |          |
| Street Address   | City            | State                               | Zip Code |
| Purpose of Expenditure (by code)   | Description     | Event #                             | Amount   |
| <b>Total of Section Q</b>  |                 |                                     |          |

**IV. EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**R. Expenses Incurred on Committee Credit Card**

|                             |  |
|-----------------------------|--|
| Name of Issuing Institution | Type of Credit Card:<br>Visa      Master Card      Discover      American Express<br>Other |
|-----------------------------|--|

|                                  |                     |
|----------------------------------|---------------------|
| Name of Vendor, Person or Entity | Date of Transaction |
|----------------------------------|---------------------|

|                |      |       |          |
|----------------|------|-------|----------|
| Street Address | City | State | Zip Code |
|----------------|------|-------|----------|

|                                  |             |         |
|----------------------------------|-------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
|----------------------------------|-------------|---------|

|                               |   |        |
|-------------------------------|---|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)      Independent<br>Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D | Amount |
|-------------------------------|---|--------|

|                           |  |
|---------------------------|--|
| <b>Total of Section R</b> |  |
|---------------------------|--|

**IV. EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| Milford Democratic Town Committee  | 7th Day Preceding General Election - Original |

**S. Expenses Incurred By Committee but Not Paid During this Period**

|                  |               |
|------------------|---------------|
| Name of Creditor | Date Incurred |
| Russ Feinmark    | 10/18/2025    |

|                |         |       |          |
|----------------|---------|-------|----------|
| Street Address | City    | State | Zip Code |
| 167 Beach Ave  | Milford | CT    | 06460    |

|                                  |                                     |           |
|----------------------------------|-------------------------------------|-----------|
| Purpose of Expenditure (by code) | Description                         | Event #   |
| RMB                              | reimbursement for pancake breakfast | 10182025A |

|                              |  |                                      |
|------------------------------|--|--------------------------------------|
| Expenditure# (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   | Amount Incurred (Estimate or Actual) |
|                              | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$234.83                             |

|                  |               |
|------------------|---------------|
| Name of Creditor | Date Incurred |
| Patch Media      | 10/24/2025    |

|                        |          |       |          |
|------------------------|----------|-------|----------|
| Street Address         | City     | State | Zip Code |
| 405 Lexington Ave Fl 9 | New York | NY    | 10174    |

|                                  |             |         |
|----------------------------------|-------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| A-NEWS                           |             |         |

|                              |  |                                      |
|------------------------------|--|--------------------------------------|
| Expenditure# (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)   | Amount Incurred (Estimate or Actual) |
|                              | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$3,250.00                           |

|                           |                   |
|---------------------------|-------------------|
| <b>Total of Section S</b> | <b>\$3,484.83</b> |
|---------------------------|-------------------|



## Section P. ADDENDUM

|                                   |   |
|-----------------------------------|---|
| NAME OF COMMITTEE                 | TYPE OF REPORT                                |
| Milford Democratic Town Committee | 7th Day Preceding General Election - Original |

## P. Expenses Paid By Committee - Addendum

|               |  |                       |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 600974        |  | \$275.49              |

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Christopher Hite               | District Alderman             | \$275.49                                 |

|  |                        |
|--|------------------------|
| Are Limits Aggregated?                                   | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

|               |  |                       |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 600979        |  | \$275.49              |

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Stu Zolty                      | District Alderman             | \$275.49                                 |

|  |                        |
|--|------------------------|
| Are Limits Aggregated?                                   | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

|               |  |                       |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 601002        |  | \$275.49              |

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Mary Claire Edmonds            | District Alderman             | \$275.49                                 |

|  |                        |
|--|------------------------|
| Are Limits Aggregated?                                   | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

|               |  |                       |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 601006        |  | \$398.81              |

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Toni Lombardi                  | District Alderman             | \$398.81                                 |

|  |                        |
|--|------------------------|
| Are Limits Aggregated?                                   | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |                        |

|               |  |                       |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 601014        |  | \$54.00               |

|  |  |   |
|--|--|---|
| Name of Candidate or Committee<br>Alex Armstrong | Office Sought (if applicable)<br>District Alderman | Cost Allocated to Candidate or Committee<br>\$54.00 |
|--|--|---|

|  |                        |
|--|------------------------|
| Are Limits Aggregated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregating Committees |
|--|------------------------|

**Section R. ADDENDUM**

|                   |                |
|-------------------|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
|                   |                |

**R. Expenses Incurred on Committee Credit Card - Addendum**

| Expenditure # | Supported | Opposed | Amount of Expenditure |
|---------------|-----------|---------|-----------------------|
|---------------|-----------|---------|-----------------------|

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
|--------------------------------|-------------------------------|--|

**Section S. ADDENDUM**

|                   |                |
|-------------------|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
|                   |                |

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

| Expenditure # | Supported | Opposed | Amount of Expenditure |
|---------------|-----------|---------|-----------------------|
|---------------|-----------|---------|-----------------------|

|                                |                               |  |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
|--------------------------------|-------------------------------|--|

| <b>Section T. ADDENDUM</b>  |                               |  |
|---|-------------------------------|--|
| NAME OF COMMITTEE   | TYPE OF REPORT                |  |
|   |                               |  |
| <b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b> |                               |  |
| Expenditure #   | Supported                     | Opposed                                  |
|   |                               |  |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
|   |                               |  |