

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

| | | | |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE | | | |
| Mansfield Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Paul | MI | Last Aho | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 20 Eastwood Rd | City Storrs | State CT | Zip Code 06268 |
| 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 | | | |
| 7th Day Preceding General Election - Original | | | |
| 9. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 10/01/2025 | | thru 10/26/2025 | |
| 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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
| Electronic Filing | Paul Aho | 10/27/2025 2:18:12PM | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | |
| <p>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.</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 | |
|---|--|------------------------------|
| Mansfield Democratic Town Committee | 7th Day Preceding General Election - Original | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees | | \$7,595.94 |
| 12. Balance on hand at the beginning of Reporting Period | \$5,990.36 | |
| 13. Contributions received from Individuals (Section A and B) | \$9,833.14 | \$12,414.90 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$1,750.00 | \$4,250.00 |
| 15. Other Monetary Receipts (Section D through K) | \$0.00 | \$0.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | \$0.00 | \$0.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$0.00 | \$0.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$11,583.14 | \$16,664.90 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$17,573.50 | \$24,260.84 |
| 19. Expenses Paid by Committee (Section P) | \$5,477.86 | \$12,165.20 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$12,095.64 | \$12,095.64 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | \$0.00 | \$0.00 |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section M) | \$0.00 | \$0.00 |
| 24. Refundable Deposit to Telephone Company (Section N) | \$0.00 | \$0.00 |
| 25. Loan Balance | \$0.00 | |
| 25a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 25b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 25c. - Payments on Loan | \$0.00 | \$0.00 |
| 25d. Total Outstanding Loan Amount | \$0.00 | |
| 26. Campaign Expenses Paid By Candidate (Section Q) | \$0.00 | \$0.00 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | \$0.00 | \$0.00 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | \$0.00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Mansfield 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 Copes | | First Name Victoria | | MI |
| Residential Street Address 223 Hickory St | | City Suffield | State CT | Zip Code 06078 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$52.70 | \$26.35 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Flannery | | First Name Paula | | MI |
| Residential Street Address 100 Bryant Ln | | City North Dartmouth | State MA | Zip Code 02747 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Haddock | | First Name Cole | | MI |
| Residential Street Address 4077 Sawmill Rd | | City Woodlawn | State TN | Zip Code 37191 |
| Principal Occupation Solutions Architect | | Name of Employer Vanguard | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|------------------------------------|-------------------------------------|----------|
| Last Name Fратиello | | First Name Paul | | MI |
| Residential Street Address 866 41st Ave N | | City Saint Petersburg | State FL | Zip Code |
| Principal Occupation Educator | | Name of Employer Eckerd College | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$104.48 | \$104.48 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Cotton | | First Name Holis | | MI M |
| Residential Street Address 3 Charter Oak Sq | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation clergy | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$260.73 | \$260.73 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Moskowitz | | First Name Jane | | MI |
| Residential Street Address 117 Stonemill Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$26.35 | \$26.35 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|------------------------------|------------------------------------|-------------------|
| Last Name Grey | | First Name Alexander | | MI |
| Residential Street Address 414 Warrenville Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Program Manager | | Name of Employer Serco-NA | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Guerrera | | First Name Michael | | MI |
| Residential Street Address 106 Fox Den Rd | | City Avon | State CT | Zip Code 06001 |
| Principal Occupation Public Relations | | Name of Employer Slone | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Downey | | First Name Dharmena | | MI |
| Residential Street Address 120 Prospect St | | City Gloucester | State MA | Zip Code 01930 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$52.40 | \$52.40 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name Patwa | | First Name Shamim | | MI S |
| Residential Street Address 27 Greenfield Ln | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Administrator | | Name of Employer Mansfield Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Millman | | First Name Peter | | MI |
| Residential Street Address 122 Dog Ln | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Realtor | | Name of Employer Weichert | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$208.65 | \$208.65 |
| Last Name Accorsi | | First Name Sarah | | MI |
| Residential Street Address 284 Storrs Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation none | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$156.56 | \$156.56 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Abt | | First Name Linda | | MI |
| Residential Street Address 767 Mansfield City Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$26.35 | \$26.35 |

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Williams | | First Name Sarette | | MI |
| Residential Street Address 24 Winchester St | | City Norwich | State CT | Zip Code 06360 |
| Principal Occupation Attorney | | Name of Employer United Health Group | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$104.48 | \$104.48 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Allison | | First Name Edith | | MI |
| Residential Street Address 19 Farrell Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------------|------------------------------------|-------------------|
| Last Name Martin | | First Name Stephen | | MI |
| Residential Street Address 24 Wyllys Farm Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Software developer | | Name of Employer Crop Trak Inc | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-------------------------------|------------------------------------|-------------------|
| Last Name Nocton | | First Name Amy | | MI |
| Residential Street Address 101 Stonemill Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation teacher | | Name of Employer Region 19 | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$31.56 | \$31.56 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Davis | | First Name Sara | | MI |
| Residential Street Address 205 Griswold Dr | | City West Hartford | State CT | Zip Code 06119 |
| Principal Occupation Anesthesiologist | | Name of Employer IAA | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|------------------------------------|-------------------|
| Last Name Chapman | | First Name Stacey | | MI |
| Residential Street Address 1060 Union St Apt 27 | | City Brooklyn | State NY | Zip Code 11225 |
| Principal Occupation Manager | | Name of Employer Greater New York Councils | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Duckstein | | First Name Linda | | MI |
| Residential Street Address 12 Woods Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$78.44 | \$78.44 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Howard-Milton | | First Name Betty | | MI |
| Residential Street Address 308 Palm St | | City Santa Cruz | State CA | Zip Code 95060 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$104.48 | \$104.48 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|------------------------------------|---------------------------------------|-------------------|
| Last Name Baxter | | First Name Sandra | | MI | |
| Residential Street Address 5 Storrs Hts | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation retired | | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Knight | | First Name Aaron | | MI | |
| Residential Street Address 166 Grandview Ter | | City Hartford | | State CT | Zip Code 06114 |
| Principal Occupation | | | Name of Employer Selt | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/11/2025 | Aggregate Contributions \$26.42 | \$26.42 |
| Last Name Anglin | | First Name Zach | | MI | |
| Residential Street Address 950 Storrs Rd | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation Software Engineer | | | Name of Employer Meta Platforms | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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 checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$1,000.00 | \$1,000.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name Poller | | First Name Elise | | MI S | |
| Residential Street Address 27 Storrs Heights Rd | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation Teacher | | | Name of Employer Town of Mansfield | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Hepworth | | First Name Jeri | | MI | |
| Residential Street Address 11 Sycamore Dr Apt D | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation retired | | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hultgren | | First Name Debra | | MI | |
| Residential Street Address 404 Woodland Rd | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation retired | | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$152.40 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Fox | | First Name Karla | | MI |
| Residential Street Address 1 Storrs Heights Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer None | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Adams | | First Name Roger | | MI A |
| Residential Street Address 15 Maple Dr . | | City Wakefield | State RI | Zip Code 02879 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Anderson | | First Name Greg | | MI |
| Residential Street Address 74 Knowlton Hill Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Buck | | First Name Joan | | MI |
| Residential Street Address 72 Independence Dr | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$45.00 | \$25.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Lomanaco | | First Name James | | MI V |
| Residential Street Address 107 Wormwood Hill Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Univ. Administrator | | Name of Employer ECSU | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Rucker | | First Name Nancy | | MI |
| Residential Street Address 6 Federal Sq | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation teacher | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Hodgson | | First Name John | | MI |
| Residential Street Address 491 Wormwood Hill Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Teacher | | Name of Employer Mansfield Public Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Birkenruth | | First Name Harry | | MI |
| Residential Street Address 81 Ball Hill Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Accorsi | | First Name Sarah | | MI |
| Residential Street Address 284 Storrs Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation none | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$256.56 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-------------------------------|------------------------------------|-------------------|
| Last Name DeVivo | | First Name John | | MI |
| Residential Street Address 93 Conantville Rd | | City Mansfield | State CT | Zip Code 06250 |
| Principal Occupation HR | | Name of Employer Rite Hite | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Stanton | | First Name Mary | | MI |
| Residential Street Address 29 Browns Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Chapman | | First Name Gloria | | MI |
| Residential Street Address 200 W Shepard Ave . | | City Hamden | State CT | Zip Code 06514 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Bernier | | First Name Alex | | MI |
| Residential Street Address 20 Lorraine Dr | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Research Engineer | | Name of Employer UCONN | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Jurado | | First Name Darwin | | MI |
| Residential Street Address 3 Thomas Dr | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Insurance Broker | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$12.00 | \$12.00 |

| | | | | |
|---|--|-----------------------------------|------------------------------------|-------------------|
| Last Name Gorin | | First Name Tim | | MI |
| Residential Street Address 657 Chaffeeville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Client Manager | | Name of Employer Academic Keys | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Marcellino | | First Name Alexander | | MI |
| Residential Street Address 87 Davis Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer None | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Bagwell | | First Name Mallory | | MI |
| Residential Street Address 512 Chaffeeville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$40.00 | \$40.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Silsbee | | First Name David | | MI |
| Residential Street Address 10 Codfish Falls Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Everett | | First Name Susannah | | MI |
| Residential Street Address 310 Gurleyville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Faculty | | Name of Employer UCONN | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$150.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Tonry | | First Name Kathleen | | MI |
| Residential Street Address 72 Lorraine Ln | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation teacher | | Name of Employer Uconn | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Shane | | First Name Shauna | | MI |
| Residential Street Address 287 Gurleyville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Yeagle | | First Name Philip | | MI |
| Residential Street Address 466 Bassetts Bridge Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Retired | | Name of Employer N/A | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$200.00 | |
| | | | | \$200.00 |
| Last Name Shaine | | First Name Sheila | | MI |
| Residential Street Address 4437 34th St | | City San Diego | State CA | Zip Code 42116 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$10.00 | |
| | | | | \$10.00 |
| Last Name Webster | | First Name John | | MI |
| Residential Street Address 673 Chaffeeville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Engineer | | Name of Employer Cool Grind | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$20.00 | |
| | | | | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---------------------------------|-------------------------------------|-------------------|
| Last Name Schurin | | First Name Ronald | | MI C |
| Residential Street Address 25 Willowbrook Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation Professor | | Name of Employer Univ. of CT | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|----------------------------------|------------------------------------|-------------------|
| Last Name Fontaine | | First Name Debra | | MI |
| Residential Street Address 26 Maplewood Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Pastor | | Name of Employer Cong. Church | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/12/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Rhodes | | First Name Lillian | | MI |
| Residential Street Address 106 Slolcum Rd | | City Hebron | State CT | Zip Code 06248 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name McChesney | | First Name Judith | | MI C |
| Residential Street Address 98 Summit Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name McChesney | | First Name Judith | | MI C |
| Residential Street Address 98 Summit Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer N/A | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Silander | | First Name Nancy | | MI C |
| Residential Street Address 30 Silver Fls | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer N/A | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name Ross | | First Name Lawrence | | MI |
| Residential Street Address 18 Hillside Cir | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Broker | | Name of Employer Weichert Realtors | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$150.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Grigoreas | | First Name Steven | | MI |
| Residential Street Address 28 Oak Dr | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Library Assistant | | Name of Employer UCONN | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Rawn | | First Name Nancy | | MI |
| Residential Street Address 17 Codfish Falls Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Teacher | | Name of Employer CREC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

Mansfield Democratic Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Marcellino | | First Name Alexander | | MI |
| Residential Street Address 87 Davis Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer None | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$150.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Marcellino | | First Name Rosemary | | MI |
| Residential Street Address 87 Davis Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation Exec. Asst. | | Name of Employer UConn | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Maldonado-Cordner | | First Name Alma | | MI E |
| Residential Street Address 6 Edgewood Ln | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Welch | | First Name Alicia | | MI |
| Residential Street Address 19 Hillside Cir | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Kolanowski | | First Name Ron | | MI |
| Residential Street Address 13 Eastwood Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Priest | | Name of Employer Episcopal Diocese of CT | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Tuite | | First Name Patty | | MI |
| Residential Street Address 205 Separatist Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---|-------------------------------------|-------------------|
| Last Name Rueckl | | First Name Jay | | MI | |
| Residential Street Address 128 S Eagleville Rd | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation Professor | | | Name of Employer UCONN | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Litrico | | First Name David | | MI | |
| Residential Street Address 267 Spring Hill Rd | | City Mansfield | | State CT | Zip Code 06268 |
| Principal Occupation | | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Cranmer | | First Name Anna | | MI | |
| Residential Street Address 33 Adeline Pl | | City Mansfield Center | | State CT | Zip Code 06250 |
| Principal Occupation Physician | | | Name of Employer NE Emer. Med. Spec. | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Kochenberger | | First Name Peter | | MI |
| Residential Street Address 4 Storrs Heights Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Professor | | Name of Employer UCONN | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Picard | | First Name Jeannette | | MI |
| Residential Street Address 72 Timber Dr | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Klein | | First Name Waldo | | MI |
| Residential Street Address 13 Westwood Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Lomanaco | | First Name James | | MI V |
| Residential Street Address 107 Wormwood Hill Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Univ. Administrator | | Name of Employer ECSU | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$200.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Duarte | | First Name Deborah | | MI |
| Residential Street Address 895 Mansfield City Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|------------------------------------|------------------------------------|-------------------|
| Last Name Nikitas | | First Name Linnea | | MI |
| Residential Street Address 344 Stearns Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Florist | | Name of Employer Reveled Dreams | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Walters | | First Name Adele | | MI |
| Residential Street Address 52165 Sheridan Rd | | City Paw Paw | State MI | Zip Code 49079 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Thomas | | First Name Susanna | | MI M |
| Residential Street Address 7C Sycamore Dr | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Lehman | | First Name Rebecca | | MI |
| Residential Street Address 532 Browns Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer N/A | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Berthelot | | First Name Mary | | MI T |
| Residential Street Address 143 Coventry Rd | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation Professor | | Name of Employer Uconn | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Quarto | | First Name Joan | | MI |
| Residential Street Address 18 Ellise Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name DeVivo | | First Name Timothy | | MI |
| Residential Street Address 42 Kaya Ln | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Business Owner | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Leibowitz | | First Name Gerald | | MI M |
| Residential Street Address 28 Willowbrook Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/21/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Crossgrove | | First Name Chris | | MI |
| Residential Street Address 370 Gurleyville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |
| Last Name Moran | | First Name Antonia | | MI |
| Residential Street Address 778 Mansfield City Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$104.48 | \$104.48 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Bailey | | First Name Malta | | MI |
| Residential Street Address 22 Westgate Ln | | City Mansfield | State CT | Zip Code 06268 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$26.35 | |
| | | | | \$26.35 |
| Last Name Salter | | First Name Nancy Kay | | MI |
| Residential Street Address 100 River Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$50.00 | |
| | | | | \$50.00 |
| Last Name Schaefer | | First Name James | | MI |
| Residential Street Address 12 Hillyndale Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$50.00 | |
| | | | | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Halle | | First Name Emily | | MI |
| Residential Street Address 132 Spring Hill Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Trade Analyst | | Name of Employer Bristol Group | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$41.98 | |
| | | | | \$41.98 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Elliott | | First Name Joshua | | MI |
| Residential Street Address 28 Cobblestone Dr | | City Hamden | State CT | Zip Code 06518 |
| Principal Occupation Thyme and Season | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$104.48 | |
| | | | | \$104.48 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Madraswalla | | First Name Ayaz | | MI |
| Residential Street Address 27 Greenfield Ln | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Physician | | Name of Employer Mansfield Family Practice | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$260.73 | |
| | | | | \$260.73 |

I. MONETARY RECEIPTS (Section A-K)

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

Mansfield Democratic Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|---|-------------------------------------|-------------------|
| Last Name Boyd | | First Name Patrick | | MI | |
| Residential Street Address 398 Pomfret St | | City Pomfret | | State CT | Zip Code 06258 |
| Principal Occupation Teacher | | | Name of Employer Pomfret School | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$104.48 | \$104.48 |
| Last Name Hanley | | First Name James | | MI | |
| Residential Street Address 35 Storrs Heights Rd | | City Storrs | | State CT | Zip Code 06268 |
| Principal Occupation MP Engineer | | | Name of Employer Cinestudio | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |
| Last Name Clayton | | First Name Lisa | | MI | |
| Residential Street Address 27 G Amato Dr | | City South Windsor | | State CT | Zip Code 06074 |
| Principal Occupation Teacher | | | Name of Employer Bloomfield Board of Education | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Ward | | First Name Kathleen | | MI M |
| Residential Street Address 51 Chatham Dr | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$104.48 | \$104.48 |

| | | | | |
|---|--|---|------------------------------------|-------------------|
| Last Name Clouette | | First Name Donna | | MI |
| Residential Street Address 483 Woodland Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Teacher | | Name of Employer Mt. Hope Montessori | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------------|------------------------------------|----------|
| Last Name Wetzler | | First Name Julie | | MI |
| Residential Street Address 2600 Clearstream Ct . | | City New Albany | State IN | Zip Code |
| Principal Occupation Nurse | | Name of Employer U of L Health | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Friedland | | First Name Mona | | MI |
| Residential Street Address 35 Beech Mountain Rd | | City Mansfield | State CT | Zip Code 06250 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Amdur | | First Name Sheila | | MI |
| Residential Street Address 94 Stonehouse Rd # 34 | | City Coventry | State CT | Zip Code 06238 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$26.35 | \$26.35 |

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Vaughan | | First Name Barbara | | MI |
| Residential Street Address 772 Warrenville Rd | | City Mansfield Center | State CT | Zip Code 06250 |
| Principal Occupation Teacher | | Name of Employer Mansfield Public Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$104.48 | \$104.48 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Koehn | | First Name Uwe | | MI |
| Residential Street Address 83 Separatist Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Consultant | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/22/2025 | Aggregate Contributions \$52.40 | \$52.40 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Fратиello | | First Name John | | MI |
| Residential Street Address 12 Daleville Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/26/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Aho | | First Name Paul | | MI |
| Residential Street Address 20 Eastwood Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/26/2025 | Aggregate Contributions \$104.48 | \$104.48 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---------------------------------|-------------------------------------|-------------------|
| Last Name Haddad | | First Name Gregory | | MI |
| Residential Street Address 28 Storrs Heights Rd | | City Storrs | State CT | Zip Code 06268 |
| Principal Occupation Legislator | | Name of Employer State of CT | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <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? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <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 10/26/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Total of Section B | | | | \$9,833.14 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i> | | | | \$9,833.14 |

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

| | |
|---|-------------------|
| Name of Committee | Name of Treasurer |
| Connecticut State Employees Association PAC | David J Glidden |

| | | | |
|-----------------|---|---|-------------------------|
| Address | Is this contribution associated with an event reported in Section L1? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
| 760 Capitol Ave | If yes, list Event # | | \$500.00 |
| City | State | Zip Code | |
| Hartford | CT | 06106 | Date Received |
| | | | Aggregate Contributions |
| | | | \$500.00 |

| | |
|--------------------|-------------------|
| Name of Committee | Name of Treasurer |
| Power of Women PAC | Robert J Bourne |

| | | | |
|------------|---|---|-------------------------|
| Address | Is this contribution associated with an event reported in Section L1? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount of Contribution |
| PO Box 91 | If yes, list Event # | | \$1,000.00 |
| City | State | Zip Code | |
| Middletown | CT | 06457 | Date Received |
| | | | Aggregate Contributions |
| | | | \$1,000.00 |

| | |
|-------------------|-------------------|
| 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 | Amount of Contribution |
| 506 King St | If yes, list Event # | | \$250.00 |
| City | State | Zip Code | |
| Bristol | CT | 06010 | Date Received |
| | | | Aggregate Contributions |
| | | | \$250.00 |

Total of Section C1**\$1,750.00****I. MONETARY RECEIPTS (Section A-K)**

| | |
|-------------------------------------|---|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Mansfield 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 |
| | Reimbursement for shared expense |
| | Surplus Distribution |
| | Amount of Receipt |

Total of Section C2

I. MONETARY RECEIPTS (Section A-K)

| | | | | | |
|--|--|-----------------|-----------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Mansfield 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 |
| Name of Cosigner/Guarantor (if applicable) | | | | | Is there a cosigner or Guarantor of this loan? Yes No |
| Street Address | | City | | State | |
| | | | | | Amount Received |
| Street Address | | City | | State | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | | |
|--|-------|----------|-------------------------|---|-----------------|
| NAME OF COMMITTEE | | | | TYPE OF REPORT | |
| Mansfield 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 | | |
| Total of Section E | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | | |
|--|---|--|--|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Mansfield 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 |
| Total of Section F | | | | | |

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

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

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

I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|-------------------------------------|---|
| Mansfield 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 | | | |
| Total of Section K | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
|---|--------|-------------|--|----------|
| | | | Yes | No |
| Location: Street Address | | City | State | Zip Code |
| <i>Subpart 1: (All Committees)</i> | | | | |
| Was this event hosted at a personal residence? | | Yes | <i>(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.)</i> | |
| | | No | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> | |
| | | No | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | <i>(If yes, enter Total Receipts here.)</i> | |
| | | No | | |
| <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? | | Yes | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> | |
| | | No | | |
| <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? | | Yes | <i>(If yes, enter Total Receipts here.)</i> | |
| | | No | | |
| Total of Section L1 | | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Mansfield 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: | |
| | | Business Entity | Other |
| | | Individual/Sole Proprietorship | |
| Street Address | | City | State Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase Amount of Sign Purchase |
| | | | Total of Section L3 |

II. EVENT ACTIVITY (Sections L1 - L5)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Mansfield 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 Sole Proprietorship | Date Received | Event # Aggregate value for this event | |
| | | | Total of Section L4 |

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

| | | | |
|---|---------------|--|--|
| Name | | | |
| Street Address | | City | State |
| | | | Zip Code |
| Type of Contributor: | Date Received | Aggregate contributions | Description of In-Kind Contribution |
| Committee | | | |
| Individual / Sole Proprietorship | Other | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes 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? | Yes No |
| Is this contribution associated with an event reported in Section L1? | Yes No | Is contributor a principal of state contractor or prospective state contractor? | Yes No |
| If yes, list Event# | | If yes, indicate which branch or branches of government the contract is with: | Executive Legislative |
| | | | Fair Market Value of this Contribution |

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|--------------------------|
| Name of Payee Anedot | | Date of Payment 10/11/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expenditure (by code) Misc * | Description Fee for contribution collections | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$89.49 |
| Name of Payee Ben Shaiken | | Date of Payment 10/12/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Olsen Dr | | City Storrs | State CT | Zip Code 06268 |
| Purpose of Expenditure (by code) RMB | Description Post Office Staples Name Tags Walmart Blue Wave | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$1,959.48 |
| Name of Payee (Name) 818 Political | | Date of Payment 10/14/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1301 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 91 Westland Rd | | City Avon | State CT | Zip Code 06001 |
| Purpose of Expenditure (by code) Misc * | Description Digital Media | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$2,893.38 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|--------------------|
| Name of Payee Mansfield Parks and Rec | | Date of Payment 10/21/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1302 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10 S Eagleville Rd | | City Storrs | State CT | Zip Code 06268 |
| Purpose of Expenditure (by code) Misc * | Description Halloween event | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$50.00 |
| Name of Payee Anedot | | Date of Payment 10/22/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expenditure (by code) Misc * | Description Collection expenditure | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$59.11 |
| Name of Payee Ben Shaiken | | Date of Payment 10/25/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 27 Hawthorn Ln | | City Mansfield Center | State CT | Zip Code 06250 |
| Purpose of Expenditure (by code) RMB | Description candy and ink | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$417.62 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|--|-------------------|
| Name of Payee Anedot | | Date of Payment 10/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expenditure (by code) Misc * | Description collection expenditure | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$4.48 |
| Name of Payee Anedot | | Date of Payment 10/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address PO Box 84314 | | City Baton Rouge | State LA | Zip Code 70884 |
| Purpose of Expenditure (by code) Misc * | Description Collection fee | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 \$4.30 |

Total of Section P

\$5,477.86

| 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 |
| Q. Campaign Expenses Paid By Candidate | | | |
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is Reimbursement Claimed? Yes No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Total of Section Q | | | |

| IV. EXPENDITURES | | | |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| Mansfield Democratic Town Committee | | | 7th Day Preceding General Election - Original |
| R. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: Visa Master Card Discover American Express 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) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D | | Amount |
| Total of Section R | | | |

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/12/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| US Postal Service | <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-----------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 522 Storrs Rd | Mansfield | CT | 06250 |

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

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$312.00 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/12/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Staples | <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-----------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 82 Storrs Rd | Mansfield | CT | 06250 |

| | | |
|----------------------------------|-------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| Misc * | envelopes and ink | |

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$251.94 |

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/12/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Blue Wave Printing | <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 146 Sheldon Rd | Manchester | CT | 06042 |

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

| | | |
|---------------|---|------------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$1,101.57 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/12/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Name Tag Wizard | <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 2021 St Augustine Rd | Jacksonville | FL | 32207 |

| | | |
|----------------------------------|-------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| Misc * | Name Tags | |

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$235.63 |

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/12/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Walmart | <input checked="" type="checkbox"/> Check # 1300 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 474 Boston Post Rd | North Windham | CT | 06256 |

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

| | | |
|---------------|--|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$58.34 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/26/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Staples | <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-----------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 82 Storrs Rd | Mansfield | CT | 06250 |

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

| | | |
|---------------|--|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$103.15 |

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Shaiken | Ben | | 10/26/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Walmart | <input checked="" type="checkbox"/> Check # 1303 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 474 Boston Post Rd | North Windham | CT | 06256 |

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

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <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 | \$314.47 |

Total of Section T \$2,377.10

Section L5. ADDENDUM

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

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

| | |
|--------------------------------|--|
| Event # | |
| Name of Candidate or Committee | |

Section P. ADDENDUM

| | | | |
|---|------------------------|-------------------------------|--|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| | | | |
| P. Expenses Paid By Committee - Addendum | | | |
| Expenditure # | Supported | Opposed | Amount of Expenditure |
| Name of Candidate or Committee | | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Are Limits Aggregated? | Aggregating Committees | | |
| Yes No | | | |

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

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