

SEEC FORM 20

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



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE			
Cheshire Democratic Town Committee			
2. TREASURER NAME			
First Patricia	MI A	Last McKinley	Suffix
3. TREASURER ADDRESS			
Street Address 100 Lanyon Dr	City Cheshire	State CT	Zip Code 06410
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	Patricia McKinley	10/28/2025 11:14:05PM	
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	
Cheshire 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		\$12,270.11
12. Balance on hand at the beginning of Reporting Period	\$12,131.23	
13. Contributions received from Individuals (Section A and B)	\$5,975.00	\$19,075.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1,500.00	\$6,500.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$100.00
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)	\$7,475.00	\$25,675.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$19,606.23	\$37,945.11
19. Expenses Paid by Committee (Section P)	\$13,570.42	\$31,909.30
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$6,035.81	\$6,035.81
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)	\$818.48	\$1,001.14
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)	\$1,034.88	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,034.88	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cheshire 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 Gomez		First Name Pam		MI
Residential Street Address 180 Blue Hills Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation sahm		Name of Employer myself		
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 10/02/2025	Aggregate Contributions \$250.00	\$250.00

Last Name Geloso		First Name Cinzia		MI
Residential Street Address 19 Chamberlain Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation Homemaker		Name of Employer Homemaker		
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
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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 10/02/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Kasinskas		First Name Adele		MI B
Residential Street Address 279 Redwood Ln		City Cheshire	State CT	Zip Code 06410
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
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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 10/03/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Paier		First Name Leslie		MI
Residential Street Address 103 Cook Hill Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation N/A		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 10/03/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Newman		First Name Jill		MI
Residential Street Address 24 Currier Way		City Cheshire	State CT	Zip Code 06410
Principal Occupation Physical Therapist		Name of Employer Team Rehab		
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	
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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 10/03/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Hauser		First Name Frances		MI
Residential Street Address 375 Contour Dr		City Cheshire	State CT	Zip Code 06410
Principal Occupation Teacher		Name of Employer Cheshire 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	
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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 10/03/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name DiGidio		First Name Jude		MI
Residential Street Address 6 Autumn Trl		City Newton	State NJ	Zip Code 07860
Principal Occupation CFP		Name of Employer Self-employed		
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 10/03/2025	Aggregate Contributions \$300.00	\$300.00

Last Name Benedetto		First Name William		MI
Residential Street Address 145 Brook Ln		City Cheshire	State CT	Zip Code 06410
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
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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 10/03/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Purtill		First Name Rosanne		MI
Residential Street Address 353 Wiese Rd		City Cheshire	State CT	Zip Code 06410
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 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 10/03/2025	Aggregate Contributions \$2,000.00	\$2,000.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Boyer		First Name Janet		MI
Residential Street Address 40 Sterling Ridge Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation Special Education Teacher		Name of Employer Meriden BOE		
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	
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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 10/05/2025	Aggregate Contributions \$25.00	\$25.00
Last Name Ludecke		First Name Linda		MI H
Residential Street Address 286 Oak Ave .		City Cheshire	State CT	Zip Code 06410
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	
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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 10/05/2025	Aggregate Contributions \$25.00	\$25.00
Last Name Shumilla		First Name Mark		MI
Residential Street Address 70 Autumn Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation Insurance Agent		Name of Employer State Farm Insurance		
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	
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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 10/06/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Behrer		First Name Robert		MI
Residential Street Address 435 Squire Hill Rd .		City Cheshire	State CT	Zip Code 06410
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 checked="" type="checkbox"/> No		Amount of Contribution	
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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 10/07/2025	Aggregate Contributions \$535.00	\$200.00

Last Name Jordan		First Name Harold		MI
Residential Street Address 72 Broadview Rd		City Cheshire	State CT	Zip Code 06410
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	
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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 10/07/2025	Aggregate Contributions \$321.00	\$150.00

Last Name D'Albis		First Name Donato		MI
Residential Street Address 579 Jarvis St		City Cheshire	State CT	Zip Code 06410
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	
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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 10/07/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Laden		First Name Michael		MI J
Residential Street Address 898 Cahill Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation Attorney		Name of Employer Michael J. Laden, Attorney At Law, LLC		
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	
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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 10/07/2025	Aggregate Contributions \$200.00	\$200.00

Last Name Allard		First Name Deena		MI M
Residential Street Address 118 Elmwood Dr		City Cheshire	State CT	Zip Code 06410
Principal Occupation Physical Therapist Assistant		Name of Employer Carlson Procure Physical Therapy		
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 10/07/2025	Aggregate Contributions \$50.00	\$50.00

Last Name McWhirter		First Name Barbara		MI H
Residential Street Address 223 Woodpond Rd		City Cheshire	State CT	Zip Code 06410
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 10/08/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Morrissey		First Name Thomas		MI F
Residential Street Address 270 Argyle Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation NHPD Detective		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	
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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 10/08/2025	Aggregate Contributions \$300.00	\$300.00

Last Name Baeta		First Name Boris		MI
Residential Street Address 1078 Columbus Dr		City Jonesboro	State GA	Zip Code 30236
Principal Occupation Engineer		Name of Employer Irys IoT, LLC		
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 10/09/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Esty		First Name Daniel		MI
Residential Street Address 213 Preston Ter		City Cheshire	State CT	Zip Code 06410
Principal Occupation professor		Name of Employer Yale University		
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 10/10/2025	Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Sidla		First Name Emily		MI
Residential Street Address 714 Country Wood Ct .		City Cheshire	State CT	Zip Code 06410
Principal Occupation program manager		Name of Employer Barr Foundation		
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 Wilson		First Name Francis		MI P
Residential Street Address 45 Mountain Brook Dr		City Cheshire	State CT	Zip Code 06410
Principal Occupation Physician		Name of Employer Yale University		
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 10/14/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Scadden-Ruszczuk		First Name Holly		MI
Residential Street Address 61 Wolf Hill Ct		City Cheshire	State CT	Zip Code 06410
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 10/15/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name O'Connor		First Name John		MI
Residential Street Address 12 Virginia Dr		City South Hadley	State MA	Zip Code 01075
Principal Occupation Professor		Name of Employer CSU-AAUP		
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 10/17/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Ecke		First Name Michael		MI
Residential Street Address 105 Deepwood Dr		City Cheshire	State CT	Zip Code 06410
Principal Occupation CFO		Name of Employer MEC Motors LLC		
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 10/18/2025	Aggregate Contributions \$450.00	\$200.00

Last Name Lowenthal		First Name Josh		MI
Residential Street Address 5640 Azure Way		City Long Beach	State CA	Zip Code 90803
Principal Occupation State Assemblymember		Name of Employer State of California		
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 10/20/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Celestino		First Name Tina		MI
Residential Street Address 40 Corliss Ln		City Cheshire	State CT	Zip Code 06410
Principal Occupation Therapist/Social worker		Name of Employer CTACC (CT Addiction Counseling & Coaching)		
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 10/20/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Evans		First Name Michael		MI
Residential Street Address 489 Buckland Dr .		City Cheshire	State CT	Zip Code 06410
Principal Occupation Financial Advisor		Name of Employer Evans 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/20/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Addesso		First Name Terri		MI
Residential Street Address 441 Wild Flower Pl		City Cheshire	State CT	Zip Code 06410
Principal Occupation CPA		Name of Employer Town of Glastonbury		
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 10/24/2025	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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Garcia		First Name Christina		MI
Residential Street Address 95 Old Farms Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation Nurse practitioner		Name of Employer UConn 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 10/24/2025	Aggregate Contributions \$25.00	\$25.00

Last Name Pearson		First Name Deborah		MI
Residential Street Address 208 Rigsbee Ave Unit 205		City Durham	State NC	Zip Code 27701
Principal Occupation Retail Manager		Name of Employer Whole Foods Market		
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 10/24/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Todisco		First Name Louis		MI B
Residential Street Address 1617 Sturbridge Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation Attorney		Name of Employer State of Connecticut		
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 10/26/2025	Aggregate Contributions \$764.55	\$200.00

Total of Section B \$5,975.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page) \$5,975.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Cheshire Democratic Town Committee				7th Day Preceding General Election - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
District 1199 SEIU PAC/SEIU CT			Suzanne Clark		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
77 Huyshope Ave Fl 1		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Hartford	CT	06106	10/16/2025	\$1,500.00	\$1,500.00
Total of Section C1					\$1,500.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				TYPE OF REPORT	
Cheshire 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		Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus Distribution		
Expenditure # (if applicable)	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

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

M. In-Kind Contributions

Name Robert Behrer				
Street Address 435 Squire Hill Rd .		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/09/2025	Aggregate contributions \$617.94	Description of In-Kind Contribution Postage & Envelopes for candidate mailing	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$82.94	

Name Mandy Miller				
Street Address 1293 Half Moon Rd		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/14/2025	Aggregate contributions \$24.23	Description of In-Kind Contribution T-shirt for campaign	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$24.23	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Harold Jordan				
Street Address 72 Broadview Rd		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/16/2025	Aggregate contributions \$333.22	Description of In-Kind Contribution paper stock for postcards	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$12.22	
If yes, list Event#				

Name Louis B Todisco				
Street Address 1617 Sturbridge Ct		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/21/2025	Aggregate contributions \$486.55	Description of In-Kind Contribution Postage, envelopes and copies	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$236.55	
If yes, list Event#				

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Gregory A Wolff				
Street Address 842 W Main St		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/25/2025	Aggregate contributions \$31.25	Description of In-Kind Contribution Website Domain subscription	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$31.25	
If yes, list Event#				

Name Patricia A McKinley				
Street Address 100 Lanyon Dr		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/26/2025	Aggregate contributions \$342.75	Description of In-Kind Contribution Lockbox, keys, wase can and supplies for HQ	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$126.09	
If yes, list Event#				

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Louis B Todisco				
Street Address 1617 Sturbridge Ct		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/26/2025	Aggregate contributions \$764.55	Description of In-Kind Contribution Postage	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$78.00	
If yes, list Event#				

Name Debrah Manke				
Street Address 1725 Cheshire St		City Cheshire	State CT	Zip Code 06410
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/26/2025	Aggregate contributions \$277.20	Description of In-Kind Contribution Postage, envelopes and paper	
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 is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$227.20	
If yes, list Event#				

Total of Section M

\$818.48

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Cheshire 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
Cheshire Democratic Town Committee	7th Day Preceding General Election - Original
P. Expenses Paid By Committee	

Name of Payee Samantha Rosenberg	Date of Payment 10/03/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1787 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 106 Stonebridge Ct # 3302	City Cheshire	State CT	Zip Code 06410

Purpose of Expenditure (by code) RMB	Description Reimbursement for purchase of 100 lawn signs	Event #
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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 \$526.05
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Name of Payee The Perkey Group	Date of Payment 10/04/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd	City Louisville	State KY	Zip Code 40205

Purpose of Expenditure (by code) A-OTH	Description Digital Services for one candidate	Event #
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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 \$1,500.00
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Name of Payee The Perkey Group	Date of Payment 10/04/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd	City Louisville	State KY	Zip Code 40205

Purpose of Expenditure (by code) A-OTH	Description Digital services for three candidates	Event #
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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 \$1,800.00
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IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee USPS Postmaster, Cheshire		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1788 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 210 Maple Ave		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) POST	Description Postage stamps for campaign mailing			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 \$312.00
Name of Payee Courtney Cullinan		Date of Payment 10/08/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1789 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 Sheridan Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description Reimbursement for Cheshire Democrats t-shirts			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 \$485.54
Name of Payee Courtney Cullinan		Date of Payment 10/08/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1789 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 Sheridan Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description Reimbursement for Staples purchase of envelopes and labels for campaign mailing			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 \$136.08

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee The Perkey Group		Date of Payment 10/08/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd		City Louisville	State KY	Zip Code 40205
Purpose of Expenditure (by code) A-OTH	Description digital services for one candidate and for entire slate			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 \$750.00
Name of Payee Mitchell Cardillo		Date of Payment 10/09/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1790 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 S Main St		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) OVHD	Description Rental of temporary headquarters space			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 \$1,350.00
Name of Payee Mitchell Cardillo		Date of Payment 10/09/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1791 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 420 S Main St		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) OVHD	Description Security Deposit for rental of temporary space for headquarters			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 \$150.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee CCM & Co.		Date of Payment 10/10/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford		State CT
Zip Code 06119				
Purpose of Expenditure (by code) PRNT	Description Lawn signs and slate and Todisco walk cards			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 \$1,150.00
Name of Payee The Perkey Group		Date of Payment 10/16/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd		City Louisville		State KY
Zip Code 40205				
Purpose of Expenditure (by code) A-OTH	Description Digital Services			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 \$1,000.00
Name of Payee The Perkey Group		Date of Payment 10/18/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd		City Louisville		State KY
Zip Code 40205				
Purpose of Expenditure (by code) A-OTH	Description Digital Services for three candidates			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 \$750.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee The Perkey Group		Date of Payment 10/21/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2630 Valletta Rd		City Louisville	State KY	Zip Code 40205
Purpose of Expenditure (by code) A-OTH	Description Digital services for four candidates			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 \$1,500.00
Name of Payee CCM & Co.		Date of Payment 10/23/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) A-DM	Description Direct mail, LIT more walkcards and ads			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 \$1,770.00
Name of Payee Deena Allard		Date of Payment 10/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1792 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 118 Elmwood Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description reimbursement for having social media videos made			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 \$150.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Mary DiLeo		Date of Payment 10/26/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1793 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 441 Patton Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description Reimbursement for placement of campaign ads on CDTC Facebook page			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 \$147.35
Name of Payee Day Campaign		Date of Payment 10/26/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) BNK	Description Credit Card/Banking Transaction fees			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 \$93.40
Total of Section P				\$13,570.42

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
Cheshire 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)		Amount
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D		
Total of Section R			

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Cheshire Democratic Town Committee			7th Day Preceding General Election - Original	
S. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor DNA Campaigns			Date Incurred 10/20/2025	
Street Address 800 Village Walk # 248		City Guilford	State CT	Zip Code 06410
Purpose of Expenditure (by code) A-DM	Description Direct mail for one candidate			Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>)			Amount Incurred (Estimate or Actual)
	<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			\$895.43
Name of Creditor Nick Neeley			Date Incurred 10/21/2025	
Street Address 120 Main St Apt 5		City Meriden	State CT	Zip Code 06451
Purpose of Expenditure (by code) RMB	Description Reimbursement for paying Campaign Verify to set up robocalls			Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>)			Amount Incurred (Estimate or Actual)
	<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			\$139.45
Total of Section S				\$1,034.88

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cheshire 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
Cullinan	Courtney		09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Custom Ink, LLC	<input checked="" type="checkbox"/> Check # 1789 <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
1640 Boro Pl Ste 301	Tysons	VA	22102

Purpose of Expenditure (by code)	Description	Event #
PBA-OTH *	Cheshire Democrats T-shirts for campaign volunteer use and Cheshire Fall Festival wear	

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	\$485.54

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Rosenberg	Samantha		09/13/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Super CheapSigns	<input checked="" type="checkbox"/> Check # 1787 <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
12800 Anderson Mill Rd Bldg 1	Cedar Park	TX	78613

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	Lawn Signs for Candidate Samantha Rosenberg	

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	\$526.05

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cheshire 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
Cullinan	Courtney		10/07/2025

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 # 1789 <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
672 Queen St	Southington	CT	06489

Purpose of Expenditure (by code)	Description	Event #
OFFICE	envelopes ad labels for mailing of candidate materials	

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	\$136.08

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
CCM	CCM		10/10/2025

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

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
117A W Main St .	Plainville	CT	06062

Purpose of Expenditure (by code)	Description	Event #
PRNT	large format signs and literature for candidates	

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	\$1,150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cheshire 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
DiLeo	Mary		10/16/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Meta	<input checked="" type="checkbox"/> Check # 1793 <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
1 Meta Way	Menlo Park	CA	94025-1452

Purpose of Expenditure (by code)	Description	Event #
A-OTH	Campaign advertisements on Facebook	

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	\$147.35

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
CCM	CCM		10/23/2025

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

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
117A W Main St .	Plainville	CT	06062

Purpose of Expenditure (by code)	Description	Event #
PRNT		

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	\$630.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cheshire 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
CCM	CCM		10/23/2025

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

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
LaSalle Rd.	West Hartford	CT	06119

Purpose of Expenditure (by code)	Description	Event #
POST	Postage for direct mail pieces	

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	\$528.30

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Allard	Deena		10/25/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Brynn Pike	<input checked="" type="checkbox"/> Check # 1792 <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
328 Olde Stage Rd	Glastonbury	CT	06033

Purpose of Expenditure (by code)	Description	Event #
Misc *	production of 5 videos for campaign use on social media	

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	\$150.00

Total of Section T		\$3,753.32
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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? Yes No	Aggregating Committees		

Section R. ADDENDUM			
NAME OF COMMITTEE	TYPE OF REPORT		
R. Expenses Incurred on Committee Credit Card - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	

Section S. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum		
Expenditure #	Supported	Opposed
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

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	Office Sought (if applicable)	Cost Allocated to Candidate or Committee