

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

| | | | |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE | | | |
| Watertown-Oakville Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Carina | MI J | Last Noyd | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 29 Bessie St | City Oakville | State CT | Zip Code 06779 |
| 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 | Carina Noyd | 10/28/2025 5:12:08AM | |
| 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 | |
|---|---|-----------------------|
| Watertown-Oakville 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 | | \$628.56 |
| 12. Balance on hand at the beginning of Reporting Period | \$3,205.06 | |
| 13. Contributions received from Individuals (Section A and B) | \$1,070.00 | \$5,015.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 15. Other Monetary Receipts (Section D through K) | \$0.00 | \$0.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | \$0.00 | \$0.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$0.00 | \$0.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$1,070.00 | \$5,015.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$4,275.06 | \$5,643.56 |
| 19. Expenses Paid by Committee (Section P) | \$799.64 | \$2,168.14 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$3,475.42 | \$3,475.42 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | \$0.00 | \$157.43 |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section M) | \$222.43 | \$282.06 |
| 24. Refundable Deposit to Telephone Company (Section N) | \$0.00 | \$0.00 |
| 25. Loan Balance | \$0.00 | |
| 25a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 25b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 25c. - Payments on Loan | \$0.00 | \$0.00 |
| 25d. Total Outstanding Loan Amount | \$0.00 | |
| 26. Campaign Expenses Paid By Candidate (Section Q) | \$0.00 | \$0.00 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | \$0.00 | \$0.00 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | \$0.00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Watertown-Oakville 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 Lawton | | First Name Elizabeth | | MI A |
| Residential Street Address 46 Pine St . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Primary Care APRN | | Name of Employer Wheeler Clinic | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 10/01/2025 | Aggregate Contributions \$65.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Lambert | | First Name Kellie | | MI A |
| Residential Street Address 301 Oak Dr | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation University Program Chair | | Name of Employer Post 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 10/05/2025 | Aggregate Contributions \$75.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Zaccagnini | | First Name Mark | | MI |
| Residential Street Address 902 Hamilton Ave . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Accounting | | Name of Employer Walt Disney Comp. | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name King | | First Name Jean | | MI |
| Residential Street Address 126 North St . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$65.00 | \$25.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Derouin | | First Name Jeanine | | MI |
| Residential Street Address 81 Walnut St . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation EHS Specialist | | Name of Employer none | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$25.00 | \$25.00 |

| | | | | |
|---|---|------------------------------|-------------------------------------|-------------------|
| Last Name Vance | | First Name J. Paul | | MI |
| Residential Street Address 24 Summit Rdg | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Attorney | | Name of Employer LVSK Law | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$125.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Murphy | | First Name Colleen | | MI |
| Residential Street Address 175 Woodruff Ave | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation designer | | Name of Employer Catch.co | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Santangeli | | First Name Natalie | | MI Y |
| Residential Street Address 109 Pond Vw | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation homemaker | | Name of Employer unemployed | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Gemino | | First Name Carl | | MI |
| Residential Street Address 44 Lake St . | | City Wolcott | State CT | Zip Code 06716 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|--|------------------------------------|-------------------|
| Last Name Hillian | | First Name Cathie | | MI L |
| Residential Street Address 245 Guernseytown Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Ass. Dir. of Counseling | | Name of Employer Miss Porter's School | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$25.00 | \$25.00 |

| | | | | |
|---|---|--|------------------------------------|-------------------|
| Last Name Egan | | First Name Michelle | | MI |
| Residential Street Address 273 Windingbrook Farm Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Physical therapist | | Name of Employer There for you Homecare | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$25.00 | \$25.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Lamb | | First Name Michelle | | MI |
| Residential Street Address 29 Mountain Manor Rd . | | City Sandy Hook | State CT | Zip Code 06482 |
| Principal Occupation teacher | | Name of Employer FMW | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Gambardella | | First Name James | | MI C |
| Residential Street Address 34 Hamilton Ave | | City Watertown | State CT | Zip Code 06795 |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$115.00 | \$25.00 |
| Last Name Roxas | | First Name Jamie | | MI |
| Residential Street Address 144 Eagle Hollow Dr . | | City Middletown | State CT | Zip Code 06457 |
| Principal Occupation teacher | | Name of Employer Torrington Public Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |
| Last Name Pelosi | | First Name Gianfranco | | MI |
| Residential Street Address 4 Illion Rd . | | City New Fairfield | State CT | Zip Code 06812 |
| Principal Occupation Machinist | | Name of Employer Integrity Precision Grinding | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|--|------------------------------------|-------------------|
| Last Name Mowad | | First Name Krista | | MI |
| Residential Street Address 268 N Main St | | City Waterbury | State CT | Zip Code 06702 |
| Principal Occupation Assistant Basketball coach | | Name of Employer North End Recreation | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 10/12/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Eleck Bruce | | First Name Rebecca | | MI |
| Residential Street Address 59 North St . | | City Middlebury | State CT | Zip Code 06762 |
| Principal Occupation Physician | | Name of Employer Wheeler | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 10/12/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|---|---|------------------------------------|-------------------|
| Last Name Heyward Bowen | | First Name Margret | | MI J |
| Residential Street Address 22 Lisa Ct Unit 11 | | City Waterbury | State CT | Zip Code 06704 |
| Principal Occupation AROM | | Name of Employer Ability Beyond Disability | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 10/12/2025 | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name Hall | | First Name Sara | | MI N |
| Residential Street Address 147 Greenwood St | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation teacher | | Name of Employer Torrington Board of Ed. | | |
| 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? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <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 | | 10/13/2025 | \$25.00 | \$25.00 |

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name Hillian | | First Name Kyle | | MI |
| Residential Street Address 245 Guerneseytown Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation teacher | | Name of Employer Watertown 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? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <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 | | 10/13/2025 | \$25.00 | \$25.00 |

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name Desmarais | | First Name Jeffrey | | MI |
| Residential Street Address 294 Neill Dr | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Financial advisor | | Name of Employer Equitable | | |
| 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? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <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 | | 10/13/2025 | \$347.43 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Hall | | First Name Jeremiah | | MI |
| Residential Street Address 147 Greenwood | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Pharmacy technician | | Name of Employer Middlesex 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 10/13/2025 | Aggregate Contributions \$25.00 | |
| | | | | \$25.00 |
| Last Name Eastman | | First Name Cynthia | | MI |
| Residential Street Address 10 Grove Hill Rd | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Writer | | 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 10/13/2025 | Aggregate Contributions \$65.00 | |
| | | | | \$25.00 |
| Last Name Luciano | | First Name Salvatore | | MI |
| Residential Street Address 947 Bunker Hill Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 10/13/2025 | 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 |
| Watertown-Oakville Democratic Town Committee | 7th Day Preceding General Election - Original |

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Camara | | First Name Katherine | | MI |
| Residential Street Address 31 Cottage Pl | | City Oakville | State CT | Zip Code 06107 |
| Principal Occupation paralegal | | Name of Employer Kroll McNamara Evans and Delehanty LLP | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$30.00 | \$30.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Lambert | | First Name Kellie | | MI A |
| Residential Street Address 301 Oak Dr | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation University Program Chair | | Name of Employer Post 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$95.00 | \$20.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name LaRosa | | First Name Dolores | | MI |
| Residential Street Address 69 Van Orman St | | City Oakville | State CT | Zip Code 06779 |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Lukos | | First Name Robert | | MI W |
| Residential Street Address 367 Smith Pond Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|---|---|------------------------------------|-------------------|
| Last Name Palomba | | First Name Krista | | MI M |
| Residential Street Address 480 Echo Lake Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Business Manager | | Name of Employer Watertown Golf Club | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Mays | | First Name Brian | | MI |
| Residential Street Address 227 Kimberly Ln | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Retirement Operations | | Name of Employer Voya | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 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 10/13/2025 | Aggregate Contributions \$65.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|--------------------------------------|------------------------------------|-------------------|
| Last Name Cocchiola | | First Name Christine | | MI M |
| Residential Street Address 6 Strongfield Rd . | | City Woodbury | State CT | Zip Code 06798 |
| Principal Occupation professor | | Name of Employer Naugatuck Valley | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$10.00 | \$10.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Cocchiola | | First Name Michael | | MI A |
| Residential Street Address 6 Mountain View Dr . | | City Waterbury | State CT | Zip Code 06706 |
| Principal Occupation retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Finaldi | | First Name Teresa | | MI |
| Residential Street Address 319 Thomaston Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation therapist | | Name of Employer self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$40.00 | \$40.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Hosking | | First Name Karen | | MI M |
| Residential Street Address 106 Porter St . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|---|--|------------------------------------|-------------------|
| Last Name Madigan | | First Name Gabriele | | MI C |
| Residential Street Address 57 Chimney Rd . | | City Watertown | State CT | Zip Code 06795 |
| Principal Occupation Dental Lab Tech | | Name of Employer currently unemployed | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|---|--|------------------------------------|-------------------|
| Last Name Regan | | First Name Emily | | MI M |
| Residential Street Address 138 Wilkenda Ave . | | City Waterbury | State CT | Zip Code 06708 |
| Principal Occupation IT Manager | | Name of Employer American Eagle Financial Co. | | |
| 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 # <u>10132025F</u> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name Soboleski | | First Name Rose | | MI |
| Residential Street Address 456 Davis St . | | City Oakville | State CT | Zip Code 06779 |
| Principal Occupation retired | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/13/2025 | \$30.00 | \$30.00 |

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name Manforte | | First Name Amanda | | MI |
| Residential Street Address 225 Williamson Cir | | City Oakville | State CT | Zip Code 06779 |
| Principal Occupation Banker | | Name of Employer HSA Bank | | |
| 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? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <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 | | 10/13/2025 | \$25.00 | \$25.00 |

| | | | | |
|---|---|---|-------------------------|------------------------|
| Last Name McCarthy | | First Name Robert | | MI F |
| Residential Street Address 48 Hamilton Ave | | City Watertown | State CT | Zip Code 06795 |
| 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? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10132025F | If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <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 | | 10/14/2025 | \$240.00 | \$100.00 |

Total of Section B **\$1,070.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) (Total on Line 13 of Summary Page) **\$1,070.00**

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | | |
|--|-------|---|---------------|-------------------------|---|--|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | | |
| Watertown-Oakville Democratic Town Committee | | | | | 7th Day Preceding General Election - Original | | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | Is this contribution associated with an event reported in Section L1? If yes, list Event # | | | Yes No | | Amount of Contribution |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| Total of Section C1 | | | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | |
|--|-------------|----------|--|-------------------|---|-------------------|
| NAME OF COMMITTEE | | | | | TYPE OF REPORT | |
| Watertown-Oakville 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 |
| Watertown-Oakville 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 |
| Watertown-Oakville 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 |
| Watertown-Oakville 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 |
| Watertown-Oakville 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 | |
| Watertown-Oakville 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 | Amount |
| | Cash Personal Check Credit/Debit Card | |
| Total of Section H | | |

| I. Monetary Receipts (Section A-K) | | | | |
|--|------|---------------|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Watertown-Oakville 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 | |
| Watertown-Oakville Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| K. Miscellaneous Monetary Receipts not Considered Contributions | | | |
| Name | | Date of Transaction | |
| 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 | |
| Watertown-Oakville 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 | (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) |
| | | No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) |
| | | No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | (If yes, enter Total Receipts here.) |
| | | No | |
| <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 | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) |
| | | 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 | (If yes, enter Total Receipts here.) |
| | | 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 |
| Watertown-Oakville 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 |
| Watertown-Oakville 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 | Date Received | Event # Aggregate value for this event | |
| Individual | | | |
| Sole Proprietorship | | | |
| | | | Total of Section L4 |

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

| | | | |
|--|---|-------------------------------------|--|
| Name Jeffrey Desmarais | | | |
| Street Address 294 Neill Dr | City Watertown | State CT | Zip Code 06795 |
| Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received 10/13/2025 | Aggregate contributions \$347.43 | Description of In-Kind Contribution pizza |
| 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 checked="" type="checkbox"/> Yes <input 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 | | \$222.43 |
| If yes, list Event# | 10132025F | | |

Total of Section M

\$222.43

III. Non Monetary Receipts (Sections M - O)

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

| | | | | |
|--|---|-------------------------------|---|----------------------|
| Name of Payee Thomas Claire | | Date of Payment 10/03/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2 Town Line Hwy . | | City Watertown | State CT | Zip Code 06795 |
| Purpose of Expenditure (by code) REF | Description Contributor requested cash refund of 8/23/2025 ticket purchase for canceled event, funds withdrawn from DTC checking account | | | Event # 09102025E |
| 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 \$100.00 |
| Name of Payee Connecticut Business Link LLC | | 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 120 Echo Lake Rd . | | City Watertown | State CT | Zip Code 06795 |
| Purpose of Expenditure (by code) PRNT | Description rush flyers x2 sets of 200 | | | 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 \$416.04 |
| Name of Payee American Legion Oakville Post 195 | | Date of Payment 10/13/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 89 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 62 Bunker Hill Rd . | | City Watertown | State CT | Zip Code 06795 |
| Purpose of Expenditure (by code) FNDR * | Description hall rental for dinner event | | | Event # 10132025F |
| 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 \$250.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|--|-------------------------------|--|-------------------|
| Name of Payee Day Campaign | | Date of Payment 10/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 112 Bloomfield Ave . | | City Windsor | State CT | Zip Code 06095 |
| Purpose of Expenditure (by code) BNK | Description Day Campaign fees | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <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 | | | \$33.60 |
| Total of Section P | | | | \$799.64 |

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 | |
| Watertown-Oakville Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| R. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: Visa Master Card Discover American Express Other | |
| Name of Vendor, Person or Entity | | | Date of Transaction |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D | | Amount |
| Total of Section R | | | |

| IV. EXPENDITURES | | | |
|--|--|---|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Watertown-Oakville Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| S. Expenses Incurred By Committee but Not Paid During this Period | | | |
| Name of Creditor | | | Date Incurred |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # |
| Expenditure# (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D | | Amount Incurred (Estimate or Actual) |
| Total of Section S | | | |

IV. EXPENDITURES (Sections P - T)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Watertown-Oakville 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 |
|--------------------------------|-------|----|---|

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| | Check # Debit Card EFT |

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
|--|------|-------|----------|

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

| | | |
|---------------|---|--------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T 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 T | |
|---------------------------|--|

Section L5. ADDENDUM

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

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

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

Section P. ADDENDUM

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

Section R. ADDENDUM

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

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