

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			
Haddam Democratic Town Committee			
2. TREASURER NAME			
First Sandra	MI	Last McCurdy	Suffix
3. TREASURER ADDRESS			
Street Address 59 Christian Hill Rd	City Higganum	State CT	Zip Code 06441
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	Sandra McCurdy	10/28/2025 9:16:16AM	
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	
Haddam 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		\$5,297.50
12. Balance on hand at the beginning of Reporting Period	\$8,275.67	
13. Contributions received from Individuals (Section A and B)	\$940.00	\$1,525.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$38.06
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$608.32	\$3,672.26
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)	\$1,548.32	\$5,235.32
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,823.99	\$10,532.82
19. Expenses Paid by Committee (Section P)	\$3,564.17	\$4,273.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$6,259.82	\$6,259.82
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)	\$387.45	\$387.45
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$2,634.52	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$2,634.52	

I. MONETARY RECEIPTS (Section A-K)

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

\$940.00**B. Itemized Contributions from Individuals**

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input 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 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input 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	Aggregate Contributions	
Total of Section B				\$0.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>				\$940.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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?		Amount of Contribution
If yes, list Event #		Yes	No	
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other				Date of Receipt
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	
Haddam 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	
Haddam 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?			Amount
	Yes	No	If yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Haddam 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
Haddam 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
Haddam 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
Haddam 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
Haddam Democratic Town Committee	7th Day Preceding General Election - Original

L1. Event Information

Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10/04/2025	P	Cocktail Event		
Location: Street Address		City	State	Zip Code
117 Jacoby Rd		Higganum	CT	06441

<i>Subpart 1: (All Committees)</i>	<input checked="" type="checkbox"/>	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.)
Was this event hosted at a personal residence?	<input type="checkbox"/>	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?	<input checked="" type="checkbox"/>	Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
	<input type="checkbox"/>	No	

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)	\$0.00
	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	Yes	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)	\$0.00
	<input checked="" type="checkbox"/>	No		

Event #	Letter	Description	Was this a fundraising event?	
Date of Event			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
10/18/2025	P	Fair Event		
Location: Street Address		City	State	Zip Code
95 Little City Rd		Higganum	CT	06441

<i>Subpart 1: (All Committees)</i>	<input type="checkbox"/>	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.)
Was this event hosted at a personal residence?	<input checked="" type="checkbox"/>	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?	<input type="checkbox"/>	Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
	<input checked="" type="checkbox"/>	No	

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	<input checked="" type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)	\$30.32
	<input type="checkbox"/>	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?	<input type="checkbox"/>	Yes	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
	<input checked="" type="checkbox"/>	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?	<input checked="" type="checkbox"/>	Yes	(If yes, enter Total Receipts here.)	\$578.00
	<input type="checkbox"/>	No		

Total of Section L1	\$608.32
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II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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				
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II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section L4				
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II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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 Mike Karam and Nick Smith		Is this event supporting more than one candidate or committee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Itemization in Addendum L5	
Street Address 117 Jacoby Rd	City Higganum	State CT	Zip Code 06441
Description of Donation Food and Wine for party			Fair Market Value of Donation
Event # 10042025P	Aggregate value of this Event - all hosts \$387.45	Aggregate value of all Events - this host/candidate \$387.45	\$387.45

Total of Section L5	\$387.45
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III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name			
Street Address		City	State
Zip Code			
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee Individual / Sole Proprietorship Other			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?	Yes No
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative

Total of Section M	
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III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee Day Campaign		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 112 Bloomfield Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) BNK	Description Bank fees for Day Campaign			Event # 07222023a
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			\$71.12
Name of Payee Tim Jarrell		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 255 Walkley Hill Rd		City Haddam	State CT	Zip Code 06438-0644
Purpose of Expenditure (by code) A-SIGN	Description Reimbursement for purchase of campaign signs at Just Yard Signs			Event #
Expenditure # (if applicable) 598503	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$2,007.42
Name of Payee Tim Jarrell		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 255 Walkley Hill Rd		City Haddam	State CT	Zip Code 06438
Purpose of Expenditure (by code) FOOD	Description Reimbursement for purchase of drinks at Meet and Greet in August			Event # 08202025P
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			\$420.51

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Emily Carrow		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 171 Dublin Hill Rd		City Higganum	State CT	Zip Code 06441
Purpose of Expenditure (by code) PRNT	Description reimbursement for printing BOF candidates flyer			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			\$69.12
Name of Payee Haddam News LLC		Date of Payment 10/20/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 25 Horton Rd		City Haddam	State CT	Zip Code 06441-0644
Purpose of Expenditure (by code) A-NEWS	Description			Event #
Expenditure # (if applicable) 598508	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$996.00

Total of Section P

\$3,564.17

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
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Purpose of Expenditure (by code)	Description	Event #	Amount
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Total of Section Q			
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IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #
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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
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Total of Section R		
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IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Haddam 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
CV Media	10/16/2025

Street Address	City	State	Zip Code
18 Quarry Rd	Simsbury	CT	06070-0644

Purpose of Expenditure (by code)	Description	Event #
A-WEB	Digital Media Campaign	

Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)	Amount Incurred (Estimate or Actual)
598779	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$950.00

Name of Creditor	Date Incurred
Minuteman Press	10/18/2025

Street Address	City	State	Zip Code
512 Main St	Middletown	CT	06457-0644

Purpose of Expenditure (by code)	Description	Event #
PRNT	5,000 Color Insert(2 lots - 50 & 4950) (Job 69038)	

Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)	Amount Incurred (Estimate or Actual)
598776	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$1,684.52

Total of Section S		\$2,634.52
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Section P. ADDENDUM

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

P. Expenses Paid By Committee - Addendum

Expenditure # 598503	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$2,007.42
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Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) First Selectman	Cost Allocated to Candidate or Committee \$93.00
-------------------------------------------------------------	--------------------------------------------------	-----------------------------------------------------

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

Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) Town Clerk	Cost Allocated to Candidate or Committee \$93.00
-------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------

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

Name of Candidate or Committee Haddam Democratic Town Committee	Office Sought (if applicable) Other Municipal Office	Cost Allocated to Candidate or Committee \$1,821.42
--------------------------------------------------------------------	---------------------------------------------------------	--------------------------------------------------------

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

Expenditure # 598508	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure \$996.00
-------------------------------------------	----------------------------------------------------------------------------------------------	-----------------------------------------------------

Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) Board of Selectman	Cost Allocated to Candidate or Committee \$55.33
-------------------------------------------------------------	-----------------------------------------------------	-----------------------------------------------------

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

Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) Town Clerk	Cost Allocated to Candidate or Committee \$55.33
-------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------

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

Name of Candidate or Committee Haddam Democratic Town Committee	Office Sought (if applicable) Other Municipal Office	Cost Allocated to Candidate or Committee \$885.34
--------------------------------------------------------------------	---------------------------------------------------------	------------------------------------------------------

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

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

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

Section S. ADDENDUM

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

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

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
598776		\$1,684.52
Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) First Selectman	Cost Allocated to Candidate or Committee \$93.58
Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) Town Clerk	Cost Allocated to Candidate or Committee \$93.58
Name of Candidate or Committee Haddam Democratic Town Committee	Office Sought (if applicable) Other Municipal Office	Cost Allocated to Candidate or Committee \$1,497.36

Expenditure #	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount of Expenditure
598779		\$950.00
Name of Candidate or Committee Republican Town Committee	Office Sought (if applicable) First Selectman	Cost Allocated to Candidate or Committee \$73.08
Name of Candidate or Committee Haddam Democratic Town Committee	Office Sought (if applicable) Other Municipal Office	Cost Allocated to Candidate or Committee \$876.92

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