

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 | | | |
| Tolland Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Brian | MI | Last Schmalberger | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 281 Kate Ln | City Tolland | State CT | Zip Code 06084 |
| 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 | Brian Schmalberger | 10/27/2025 7:59:54PM | |
| 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 | |
|---|---|-----------------------|
| Tolland 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 | | \$11,530.65 |
| 12. Balance on hand at the beginning of Reporting Period | \$13,013.02 | |
| 13. Contributions received from Individuals (Section A and B) | \$2,985.00 | \$14,220.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$650.00 | \$650.00 |
| 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) | \$3,635.00 | \$14,870.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$16,648.02 | \$26,400.65 |
| 19. Expenses Paid by Committee (Section P) | \$5,061.43 | \$14,814.06 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$11,586.59 | \$11,586.59 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | \$0.00 | \$0.00 |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section M) | \$0.00 | \$0.00 |
| 24. Refundable Deposit to Telephone Company (Section N) | \$0.00 | \$0.00 |
| 25. Loan Balance | \$0.00 | |
| 25a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 25b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 25c. - Payments on Loan | \$0.00 | \$0.00 |
| 25d. Total Outstanding Loan Amount | \$0.00 | |
| 26. Campaign Expenses Paid By Candidate (Section Q) | \$0.00 | \$0.00 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | \$0.00 | \$0.00 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | \$0.00 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | \$0.00 | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Tolland 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 Festi | | First Name Michael | | MI |
| Residential Street Address 8 Dara Ln | | City North Granby | State CT | Zip Code 06060 |
| Principal Occupation Teacher | | Name of Employer SWBOE | | |
| 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 checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|---|-------------------------------------|------------------------|
| Last Name Beebe | | First Name Marilee | | MI |
| Residential Street Address 90 Rhodes Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 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 \$255.00 | \$255.00 |

| | | | | |
|---|--|---|-------------------------------------|------------------------|
| Last Name Reisel | | First Name Todd | | MI |
| Residential Street Address 227 Kasson Rd | | City Bethlehem | State CT | Zip Code 06751 |
| 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 # <u>10182025A</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 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 \$150.00 | \$150.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Buckler | | First Name Jennifer | | MI |
| Residential Street Address 154 Irene Dr | | City Vernon | State CT | Zip Code 06066 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Chevalier | | First Name Laura | | MI |
| Residential Street Address 55 Hurlbut Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Pakulis | | First Name Bill | | MI |
| Residential Street Address wpakulis@comcast.net | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Manning | | First Name Mackenzie | | MI |
| Residential Street Address 37 Farmbrook Dr | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 10/06/2025 | Aggregate Contributions \$725.00 | \$225.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Wyman | | First Name Michael | | MI |
| Residential Street Address 18 Amelia Ln | | City Tolland | State CT | Zip Code 06084 |
| Principal Occupation retired | | Name of Employer retired | | |
| 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"/> Executive <input type="checkbox"/> Legislative | | | |
| 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 \$250.00 | \$250.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Rubino | | First Name Jan | | MI |
| Residential Street Address 296 Weigold Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$150.00 | \$150.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Moran | | First Name Karen | | MI |
| Residential Street Address 50 Merlot Way | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |
| Last Name Mccann | | First Name Heather | | MI |
| Residential Street Address 62 Crossen Dr | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$150.00 | \$150.00 |
| Last Name Heft | | First Name Martin | | MI |
| Residential Street Address 840 Mountain Rd | | City West Hartford | State CT | Zip Code 06117 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|-------------------------------------|------------------------|
| Last Name Cavaliere | | First Name Brittney | | MI |
| Residential Street Address 440 Brewer St | | City East Hartford | State CT | Zip Code 06118 |
| Principal Occupation Sr Director of Strategy | | Name of Employer Connecticut Foodshare | | |
| 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 # | | 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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | |
| 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 Philbin | | First Name Jason | | MI |
| Residential Street Address 11 Harvest Ln | | City Tolland | State CT | Zip Code 06084 |
| 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 # | | 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 checked="" type="checkbox"/> No 10182025A | | <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 checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$280.00 | \$180.00 |
| Last Name Hurlburt | | First Name Bryan | | MI |
| Residential Street Address 30 Tolland Grn | | City Tolland | State CT | Zip Code 06084 |
| 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 # | | 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 checked="" type="checkbox"/> No 10182025A | | <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 checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/13/2025 | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Adlerstein | | First Name Sam | | MI |
| Residential Street Address 164 Pine Hill Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$200.00 | \$100.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Graney | | First Name Jon | | MI |
| Residential Street Address 260 Grant Hill Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Deffely | | First Name Kathryn | | MI |
| Residential Street Address 61 Old Post Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Wells | | First Name Bret | | MI |
| Residential Street Address 350 Old Post Rd | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 \$150.00 | \$150.00 |
| Last Name McCauley | | First Name Shaun | | MI M |
| Residential Street Address 16 Saw Mill Rd | | City Burlington | State CT | Zip Code 06013 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10182025A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| 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 10/14/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hickey | | First Name Amanda | | MI |
| Residential Street Address 11 Mitchell Cir | | City Tolland | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/14/2025 | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Daly | | First Name Elizabeth | | MI | |
| Residential Street Address 110 Jonathan Dr | | City Vernon | | State CT | Zip Code 06066 |
| 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 # <u>10182025A</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 | | | |
| 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 10/16/2025 | Aggregate Contributions \$75.00 | \$75.00 |
| Last Name Moran | | First Name Christopher | | MI | |
| Residential Street Address 68 Anthony Rd | | City Tolland | | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| 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 10/16/2025 | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Bryant | | First Name Noah | | MI | |
| Residential Street Address 75 Old Post Rd | | City Tolland | | State CT | Zip Code 06084 |
| 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 # <u>10182025A</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 | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received 10/17/2025 | Aggregate Contributions \$425.00 | \$75.00 |
| Total of Section B | | | | | \$2,985.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page) | | | | | \$2,985.00 |

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

| | | | | | |
|-----------------------------------|-------------|--|-----------------------------|--|----------|
| Name of Committee IRON PAC 424 | | | | Name of Treasurer Joseph D Sorensen | |
| Address 15 Bernhard Rd | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Amount of Contribution | |
| City North Haven | State CT | Zip Code 06473 | Date Received 10/14/2025 | Aggregate Contributions \$500.00 | \$500.00 |

| | | | | | |
|---|-------------|--|-----------------------------|-------------------------------------|----------|
| Name of Committee Okeefe4Westchester | | | | Name of Treasurer TBD | |
| Address PO Box 16 | | Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | Amount of Contribution | |
| City Baldwin | State NY | Zip Code 10505 | Date Received 10/14/2025 | Aggregate Contributions \$150.00 | \$150.00 |

Total of Section C1**\$650.00****I. MONETARY RECEIPTS (Section A-K)**

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

| I. Monetary Receipts (Section A-K) | | | | |
|--|------|---------------|---|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Tolland 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 |
| Tolland 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 |
| Tolland Democratic Town Committee | 7th Day Preceding General Election - Original |

L1. Event Information

| | | | | |
|--|-------------|-----------------------------|--|--|
| Event # Date of Event 10/18/2025 | Letter B | Description Dinner Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
|--|-------------|-----------------------------|--|--|

| | | | |
|--|-----------------|-------------|-------------------|
| Location: Street Address 22 Tolland Grn | City Tolland | State CT | Zip Code 06084 |
|--|-----------------|-------------|-------------------|

| | | |
|--|--|---|
| <i>Subpart 1: (All Committees)</i> | | |
| Was this event hosted at a personal residence? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) |

| | | |
|---|--|--|
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) |
|---|--|--|

| | | | |
|---|--|--------------------------------------|---------------|
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) | \$0.00 |
|---|--|--------------------------------------|---------------|

| | | |
|---|--|---|
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) |

| | | | |
|--|--|--------------------------------------|---------------|
| <i>Subpart 3: (Town Committees ONLY)</i> | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | (If yes, enter Total Receipts here.) | \$0.00 |

| | |
|----------------------------|---------------|
| Total of Section L1 | \$0.00 |
|----------------------------|---------------|

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

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

| | |
|----------------------------|--|
| Total of Section L5 | |
|----------------------------|--|

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

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

| | |
|---------------------------|--|
| Total of Section M | |
|---------------------------|--|

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

| | | | | |
|---|--|-------------------------------|--|----------------------|
| Name of Payee USPS | | Date of Payment 10/02/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 658 Tolland Stage Rd | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) PRNT | Description mailers | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$1,223.64 |
| Name of Payee USPS | | Date of Payment 10/03/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 658 Tolland Stage Rd | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) POST | Description postage | | | 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 \$145.24 |
| Name of Payee New Way Strategies | | Date of Payment 10/06/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 47 Avonwood Rd # 212 | | City Avon | State CT | Zip Code 06001 |
| Purpose of Expenditure (by code) A-OTH | Description GOTV text campaign | | | 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 \$375.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|--|-------------------|
| Name of Payee USPS | | Date of Payment 10/08/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 658 Tolland Stage Rd | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) PRNT | Description mailers | | | 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 | | | \$1,223.64 |
| Name of Payee USPS | | Date of Payment 10/14/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 658 Tolland Stage Rd | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) POST | Description postage | | | 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 | | | \$145.24 |
| Name of Payee USPS | | Date of Payment 10/15/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 658 Tolland Stage Rd | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) PRNT | Description mailers | | | 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 | | | \$1,223.64 |

IV. EXPENDITURES (Sections P - T)

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

| | | | |
|--|--|---|-------------------|
| Name of Payee Discount Trophy | Date of Payment 10/16/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1052 Main St | City East Hartford | State CT | Zip Code 06108 |
| Purpose of Expenditure (by code) FNDR * | Description n. wyman - award | Event # 10182025B | |
| 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 \$210.62 | |
| Name of Payee Karen Moran | Date of Payment 10/20/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1543 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 50 Merlot Way | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) FNDR * | Description n. wyman - food and drink - reimbursement | Event # 10182025B | |
| 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 \$132.11 | |
| Name of Payee Arts of Tolland | Date of Payment 10/24/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1540 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 22 Tolland Grn | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) FNDR * | Description n. wyman - building rental | Event # 10182025B | |
| 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 \$160.00 | |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|----------------------|
| Name of Payee Phil Gineo | | Date of Payment 10/24/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1541 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address xxx | | City Tolland | State CT | Zip Code 06084 |
| Purpose of Expenditure (by code) FNDR * | Description event supervisor - n. wyman | | | Event # 10182025B |
| 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 Anedot | | Date of Payment 10/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1920 McKinney Ave | | City Dallas | State TX | Zip Code 75201 |
| Purpose of Expenditure (by code) BNK | Description fees | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$122.30 |

Total of Section P

\$5,061.43

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

| IV. EXPENDITURES | | | |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| Tolland 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 (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) | | Amount Incurred (Estimate or Actual) |
| | 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 S | | | |

| IV. EXPENDITURES (Sections P - T) | | | |
|--|---|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| Tolland 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 |
| | | |
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

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

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