

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 | | | |
| Suffield Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Kacy | MI | Last Colston | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 489 Warnertown Rd | City West Suffield | State CT | Zip Code 06093 |
| 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 | Kacy Colston | 10/28/2025 10:29:50AM | |
| 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 | |
|---|---|-----------------------|
| Suffield 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 | | \$3,580.69 |
| 12. Balance on hand at the beginning of Reporting Period | \$10,497.05 | |
| 13. Contributions received from Individuals (Section A and B) | \$600.00 | \$11,560.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$1,000.00 | \$1,000.00 |
| 15. Other Monetary Receipts (Section D through K) | \$0.00 | \$0.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | \$0.00 | \$0.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$0.00 | \$0.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$1,600.00 | \$12,560.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$12,097.05 | \$16,140.69 |
| 19. Expenses Paid by Committee (Section P) | \$1,364.60 | \$5,408.24 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$10,732.45 | \$10,732.45 |
| 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 |
| Suffield 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 Phillips | | First Name Kirstie | | MI |
| Residential Street Address 653 Ratley Rd | | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Health Services | | Name of Employer Integrated Anesthesia Associates | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/02/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Mervosh | | First Name Lynn | | MI |
| Residential Street Address 125 Ellison St | | City Suffield | State CT | Zip Code 06078 |
| Principal Occupation Steward | | Name of Employer Connecticut Landmarks | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/05/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Berrien | | First Name Tina | | MI |
| Residential Street Address 366 Mapleton Ave | | City Suffield | State CT | Zip Code 06078 |
| Principal Occupation Educator | | Name of Employer University of Hartford | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/05/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Czarnec | | First Name J. Bradford | | MI |
| Residential Street Address 3700 Phelps Rd | | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Head of Continuous Improvement | | Name of Employer USA Hauling & Recycling | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$500.00 | \$250.00 |
| Last Name Stagg | | First Name Gordon | | MI A |
| Residential Street Address 1575 N Stone St | | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Retired | | Name of Employer N/A | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/16/2025 | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Fuller | | First Name Scott | | MI |
| Residential Street Address 1473 N Stone St | | City West Suffield | State CT | Zip Code 06093 |
| Principal Occupation Commercial Real Estate Finance | | Name of Employer Greystone | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/19/2025 | Aggregate Contributions \$25.00 | \$25.00 |
| Total of Section B | | | \$600.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$600.00 | |

(Sections A & B)

(Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | |
|--|-------|---|---------------|-------------------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | |
| Suffield Democratic Town Committee | | | | | 7th Day Preceding General Election - Original | |
| C1. Contributions from Other Committees | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Connecticut Police & Fire Union PAC | | | | William Boucher | | |
| Address | | Is this contribution associated with an event reported in Section L1? | | | Amount of Contribution | |
| 50 Columbus Blvd | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Hartford | CT | 06106 | 10/15/2025 | \$1,000.00 | \$1,000.00 | |
| Total of Section C1 | | | | | \$1,000.00 | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | |
|--|-------------|----------|--|-------------------|---|-------------------|
| NAME OF COMMITTEE | | | | | TYPE OF REPORT | |
| Suffield 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 | | |
| Suffield 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) | | | | | |
| Street Address | | City | State | Zip Code | Amount Received |
| | | | | | |
| Total of Section D | | | | | |

| I. MONETARY RECEIPTS (Section A-K) | | | | | |
|--|-------|---------------|---|-----------------|--|
| NAME OF COMMITTEE | | | TYPE OF REPORT | | |
| Suffield 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 | |
| Suffield 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 |
| Suffield 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 | |
| Suffield 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 | |
| Suffield 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 | |
| Suffield Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| K. Miscellaneous Monetary Receipts not Considered Contributions | | | |
| Name | | Date of Transaction | |
| Street Address | | City | State Zip Code |
| Description | | | |
| Total of Section K | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

| | | | |
|---|--------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Suffield Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| L1. Event Information | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? Yes No |
| Location: Street Address | | City | State Zip Code |
| <i>Subpart 1: (All Committees)</i> | | | |
| Was this event hosted at a personal residence? | | Yes | <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |
| | | No | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | Yes | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> |
| | | No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | <i>(If yes, enter Total Receipts here.)</i> |
| | | No | |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | Yes | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> |
| | | No | |
| <i>Subpart 3: (Town Committees ONLY)</i> | | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | | Yes | <i>(If yes, enter Total Receipts here.)</i> |
| | | No | |
| Total of Section L1 | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

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

| | | | | |
|--|--|-------------------------------|---|--------------------|
| Name of Payee SIGNS plus INC. | | Date of Payment 10/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 8 School St | | City East Granby | State CT | Zip Code 06026 |
| Purpose of Expenditure (by code) A-SIGN | Description Amanda Thibedeau/Dan Vindigni | | | 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 \$510.48 |
| Name of Payee SIGNS plus INC. | | Date of Payment 10/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1044 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 8 School St | | City East Granby | State CT | Zip Code 06026 |
| Purpose of Expenditure (by code) A-SIGN | Description Amanda Thibedeau | | | 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 \$319.05 |
| Name of Payee Suffield VFW | | Date of Payment 10/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 972 Sheldon St | | City West Suffield | State CT | Zip Code 06093 |
| Purpose of Expenditure (by code) CHAR | Description Funding for a monthly veterans breakfast | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$150.00 |

IV. EXPENDITURES (Sections P - T)

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

| | | | | |
|--|---|-------------------------------|--|--------------------|
| Name of Payee PayPal | | Date of Payment 10/02/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2211 N First St . | | City San Jose | State CA | Zip Code 95131 |
| Purpose of Expenditure (by code) CCP | Description Donation processing | | | 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 \$1.21 |
| Name of Payee SIGNS plus INC. | | Date of Payment 10/03/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 8 School St | | City East Granby | State CT | Zip Code 06026 |
| Purpose of Expenditure (by code) PRNT | Description Fire commision walk cards | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$138.26 |
| Name of Payee PayPal | | Date of Payment 10/05/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2211 N First St . | | City San Jose | State CA | Zip Code 95131 |
| Purpose of Expenditure (by code) CCP | Description Donation processing | | | 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 \$1.94 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|--|-------------------|
| Name of Payee PayPal | | Date of Payment 10/05/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2211 N First St . | | City San Jose | State CA | Zip Code 95131 |
| Purpose of Expenditure (by code) CCP | Description Donation processing | | | 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 \$1.94 |
| Name of Payee PayPal | | Date of Payment 10/09/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2211 N First St . | | City San Jose | State CA | Zip Code 95131 |
| Purpose of Expenditure (by code) CCP | Description Donation processing | | | 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 \$7.72 |
| Name of Payee USPS | | Date of Payment 10/14/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 235 Mountain Rd | | City Suffield | State CT | Zip Code 06078 |
| Purpose of Expenditure (by code) A-DM | Description Post card mailing | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$61.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|--|------------------------|
| 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 Bradley AMF Retail Unit | | City Windsor Locks | State CT | Zip Code 06096 |
| Purpose of Expenditure (by code) A-DM | Description Post card mailing | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$61.00 |
| Name of Payee PayPal | | Date of Payment 10/19/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 2211 N First St . | | City San Jose | State CA | Zip Code 95131 |
| Purpose of Expenditure (by code) CCP | Description Donation processing | | | 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 \$1.21 |
| Name of Payee Scale to Win, Inc. | | Date of Payment 10/25/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 455 Market St Ste 1940 | | City San Francisco | State CA | Zip Code 94105-2448 |
| Purpose of Expenditure (by code) A-PH-BNK | Description Text banking service | | | 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 \$110.79 |

Total of Section P

\$1,364.60

| 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 |
| Suffield Democratic Town Committee | | | 7th Day Preceding General Election - Original |
| R. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> 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) <input 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 |
| Total of Section R | | | |

IV. EXPENDITURES

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Suffield 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 |
| Suffield 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? Yes No | Aggregating Committees | |

| 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 |