

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			
Ansonia Democratic Town Committee			
2. TREASURER NAME			
First James	MI J	Last Malloy	Suffix
3. TREASURER ADDRESS			
Street Address 14 Granite Ter	City Ansonia	State CT	Zip Code 06401
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	James Malloy	10/28/2025 6:33:13PM	
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	
Ansonia 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		\$2,378.54
12. Balance on hand at the beginning of Reporting Period	\$107.79	
13. Contributions received from Individuals (Section A and B)	\$1,450.00	\$6,352.10
14. Receipts from Other Committees (Sections C1 and C2)	\$4,250.00	\$4,750.00
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)	\$5,700.00	\$11,102.10
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$5,807.79	\$13,480.64
19. Expenses Paid by Committee (Section P)	\$8,755.51	\$16,428.36
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	(\$2,947.72)	(\$2,947.72)
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
Ansonia 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 Varas		First Name Javier		MI
Residential Street Address 261 Wakelee Ave		City Ansonia	State CT	Zip Code 06401
Principal Occupation Management & Policy Analyst		Name of Employer City of New Haven		
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 \$25.00	\$25.00

Last Name Rochelle		First Name Kara		MI E
Residential Street Address 42 Bassett St		City Ansonia	State CT	Zip Code 06401
Principal Occupation State Rep		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input 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 Stahl		First Name Daniel		MI B
Residential Street Address 21 Alan Dr		City Ansonia	State CT	Zip Code 06401
Principal Occupation		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <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
Ansonia Democratic Town Committee	7th Day Preceding General Election - Original

B. Itemized Contributions from Individuals

Last Name Hale		First Name Gary		MI
Residential Street Address 22314 Town Walk Dr		City Hamden	State CT	Zip Code 06518
Principal Occupation Clean Energy Developer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Villanueva		First Name Irwin		MI
Residential Street Address 40 Fenway St		City Stamford	State CT	Zip Code 06902
Principal Occupation Project Manager		Name of Employer Ipsos		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/07/2025	Aggregate Contributions \$100.00	\$100.00

Last Name pergola		First Name frank		MI J
Residential Street Address 13 Moulthrop St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2025	Aggregate Contributions \$180.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Brown		First Name Rohan		MI
Residential Street Address 72 Howard Ave		City Ansonia	State CT	Zip Code 06401
Principal Occupation Social Worker		Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/10/2025	Aggregate Contributions \$250.00	\$250.00
Last Name Phipps		First Name William		MI G
Residential Street Address 27 Johnson St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2025	Aggregate Contributions \$150.00	\$100.00
Last Name Latullpe		First Name Nancy		MI D
Residential Street Address 6 West Rd		City Ansonia	State CT	Zip Code 06401
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 # <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 10/14/2025	Aggregate Contributions \$150.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Lynch		First Name Elizabeth		MI S
Residential Street Address 63 Franklin St		City Ansonia	State CT	Zip Code 06401
Principal Occupation Town Clerk		Name of Employer city of ansonia		
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 10/14/2025	Aggregate Contributions \$250.00	\$50.00
Last Name Riles		First Name Francine		MI
Residential Street Address 315 Eastern St		City New Haven	State CT	Zip Code 06401
Principal Occupation		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2025	Aggregate Contributions \$72.70	\$25.00
Last Name Feddern		First Name John		MI
Residential Street Address 63 Hubbell Ave		City Ansonia	State CT	Zip Code 06401
Principal Occupation Account Director		Name of Employer DSG		
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 \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Hale		First Name Gary		MI
Residential Street Address 22314 Town Walk Dr		City Hamden	State CT	Zip Code 06518
Principal Occupation Clean Energy Developer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/19/2025	Aggregate Contributions \$350.00	\$250.00

Last Name Williams		First Name Karl		MI
Residential Street Address 10 Pin Oak		City Ansonia	State CT	Zip Code 06401
Principal Occupation Chimney Sweep		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/22/2025	Aggregate Contributions \$200.00	\$200.00

Last Name Manning		First Name Mary		MI
Residential Street Address 140 Captain Thomas Blvd		City New Haven	State CT	Zip Code 06516
Principal Occupation N/A		Name of Employer Hartford Hospital		
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 10/23/2025	Aggregate Contributions \$97.70	\$50.00

Total of Section B			\$1,450.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)			\$1,450.00

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Firewall Fund	Timothy Birch

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
506 King St	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Bristol	CT	06010	10/06/2025	\$1,000.00
				\$500.00

Name of Committee	Name of Treasurer
Connecticut State Employees Association PAC	David J Glidden

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
760 Capitol Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106	10/10/2025	\$500.00
				\$500.00

Name of Committee	Name of Treasurer
IUOE Local 478 Political Action Committee - State/Local	Michael Gates

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
1965 Dixwell Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Hamden	CT	06514	10/16/2025	\$750.00
				\$750.00

Name of Committee	Name of Treasurer
AFT Political Action Committee	Edward Leavy Jr

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
35 Marshall Rd	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Rocky Hill	CT	06067	10/20/2025	\$1,500.00
				\$1,500.00

Name of Committee	Name of Treasurer
Middlesex Area Team For Tomorrow	Robert TF Downes

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
10 Ten Rod Hwy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions
Rocky Hill	CT	06067	10/23/2025	\$1,000.00
				\$1,000.00

Total of Section C1**\$4,250.00**

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Ansonia Democratic Town Committee			7th Day Preceding General Election - Original	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)				
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	
Ansonia Democratic Town Committee			7th Day Preceding General Election - Original	
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Ansonia Democratic Town Committee			7th Day Preceding General Election - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)				
Date of Receipt	Amount			
Total of Section G				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Ansonia 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
Ansonia 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
Ansonia 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	
Ansonia 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 No	<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>
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 No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
<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 No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<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 No	<i>(If yes, enter Total Receipts here.)</i>
Total of Section L1			

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

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

Total of Section L4

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ansonia 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
Ansonia 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	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative	

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee Mary Androski		Date of Payment 10/01/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1157 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 156 Main St		City Ansonia	State CT	Zip Code
Purpose of Expenditure (by code) Misc *	Description Rent for HQ			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$1,000.00
Name of Payee Frank For Ansonia		Date of Payment 10/10/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1163 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Main		City Ansonia	State CT	Zip Code 06401
Purpose of Expenditure (by code) CNTRB	Description			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 \$1,781.00
Name of Payee Blue edge stratategies		Date of Payment 10/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1161 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 983 Main St		City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Description			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 \$4,000.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Frank For Ansonia		Date of Payment 10/23/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1165 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Main St		City Ansonia	State CT	Zip Code 06401
Purpose of Expenditure (by code) POC	Description			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			\$1,845.57
Name of Payee Jason St. Jacques		Date of Payment 10/23/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1164 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Myrtle Ave		City Ansonia	State CT	Zip Code 06401
Purpose of Expenditure (by code) RMB	Description			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			\$128.94

Total of Section P

\$8,755.51

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
Ansonia 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
Ansonia 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>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D		Amount Incurred (Estimate or Actual)
Total of Section S			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Ansonia 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 (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D		Amount
Total of Section 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

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

Section S. ADDENDUM

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

Section T. ADDENDUM

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