

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 | | | |
| Darien Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Daniel | MI S | Last Noble | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 27 Rings End Rd | City Darien | State CT | Zip Code 06820 |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| | | | |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| 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 | Daniel Noble | 10/28/2025 9:59:13PM | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | |
| 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. | | | |

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 | |
|---|---|-----------------------|
| Darien 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 | | \$9,510.73 |
| 12. Balance on hand at the beginning of Reporting Period | \$16,283.20 | |
| 13. Contributions received from Individuals (Section A and B) | \$8,230.00 | \$19,350.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$94.75 |
| 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) | \$8,230.00 | \$19,444.75 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$24,513.20 | \$28,955.48 |
| 19. Expenses Paid by Committee (Section P) | \$1,780.21 | \$6,222.49 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$22,732.99 | \$22,732.99 |
| 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 | \$343.49 |
| 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) | \$531.75 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | \$531.75 | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Darien 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 Jones | | First Name Julie | | MI |
| Residential Street Address 15 Waverly Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Grussing | | First Name Gigi | | MI |
| Residential Street Address 1077 Post Rd Apt 4 | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Raymond | | First Name Luke | | MI |
| Residential Street Address 178 Nearwater Ln | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Dyson | | First Name Matt | | MI |
| Residential Street Address 2560 Post Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$500.00 | \$500.00 |
| Last Name Ritch | | First Name Glenn | | MI S |
| Residential Street Address 57 Hale Ln | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Commercial property management | | Name of Employer Albert B. Ashforth, Inc | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$500.00 | \$500.00 |
| Last Name Von Klemperer | | First Name James | | MI |
| Residential Street Address 192 Leroy Ave | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/01/2025 | Aggregate Contributions \$125.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|--------------------------------------|-------------------------------------|-------------------|
| Last Name Grefe | | First Name Richard | | MI |
| Residential Street Address 19 Raymond St | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Design Thinker in Residence | | Name of Employer Williams College | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/03/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Moore | | First Name Mary Ellen | | MI |
| Residential Street Address 23 Red Coat Pass | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation n/a | | 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 # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/03/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Tweedy | | First Name Meg | | MI |
| Residential Street Address 108 Nearwater Ln | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/03/2025 | Aggregate Contributions \$125.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Johnston | | First Name Julie | | MI |
| Residential Street Address 26 Outlook Dr | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/05/2025 | Aggregate Contributions \$125.00 | \$125.00 |
| Last Name Denby | | First Name Joseph | | MI |
| Residential Street Address Unlisted | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Tennent | | First Name Kristen | | MI A |
| Residential Street Address 16 Old Stone Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation admin | | Name of Employer Stamford Public Schools | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | 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 |
| Darien Democratic Town Committee | 7th Day Preceding General Election - Original |

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Edwards | | First Name Kristin | | MI |
| Residential Street Address 140 Heights Rd | | City Darien | State CT | Zip Code |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$125.00 | \$125.00 |
| Last Name Ernst | | First Name Sara | | MI |
| Residential Street Address 30 Waverly Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$125.00 | \$125.00 |
| Last Name Early | | First Name Maureen | | MI |
| Residential Street Address 2 Dogwood Ln | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$150.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Burns | | First Name Daniel | | MI |
| Residential Street Address 140 Heights Rd Apt 215 | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$125.00 | \$125.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Long | | First Name Amy | | MI |
| Residential Street Address 19R Academy St | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$125.00 | \$125.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Raymond | | First Name Charles | | MI |
| Residential Street Address 11 Waverly Rd . | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$125.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|---------------------------------------|------------------------|
| Last Name Raymond | | First Name Jan | | MI |
| Residential Street Address 11 Waverly Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation artist | | Name of Employer self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$125.00 | \$125.00 |
| Last Name Kelley | | First Name Kerrie | | MI |
| Residential Street Address 49 Relihan Rd . | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$125.00 | \$125.00 |
| Last Name Ziegler | | First Name Melissa | | MI |
| Residential Street Address 95 Long Neck Point Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$1,500.00 | \$500.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Von Klemperer | | First Name Caroline | | MI |
| Residential Street Address 220 Madison Ave Apt 8J | | City New York | State NY | Zip Code |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Jeffers | | First Name Monica | | MI |
| Residential Street Address 5 Mayflower Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/06/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Gaede | | First Name Brooke | | MI |
| Residential Street Address 14 Park Ln | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/07/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|----------|
| Last Name Kann | | First Name Wendy | | MI |
| Residential Street Address 192 Leroy Ave | | City Darien | State CT | Zip Code |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/07/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Zacher | | First Name Andrea | | MI |
| Residential Street Address 32 Sunswyck Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$780.00 | \$780.00 |

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Guller | | First Name Dan | | MI |
| Residential Street Address 10 Walmsley Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation President | | Name of Employer Yes and Company LLC | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/07/2025 | Aggregate Contributions \$125.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------------|-------------------------------------|-------------------|
| Last Name Elizabeth | | First Name Daniel | | MI |
| Residential Street Address 192 Leroy Ave | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$100.00 | \$100.00 |
| Last Name Hokin | | First Name Wendy | | MI |
| Residential Street Address PO Box 4032 | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 Brown | | First Name Cindy | | MI |
| Residential Street Address 8 Devon Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Hygienist | | Name of Employer Self Employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 \$725.00 | \$125.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Vazquez | | First Name Mirellise | | MI |
| Residential Street Address 63 Hoyt St | | City Darien | State CT | Zip Code 06820 |
| 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? | | Amount of Contribution |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If contributor a principal of state contractor or prospective state contractor? | | |
| If yes, list Event # | 10092025A | If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/08/2025 | \$125.00 | |
| | | | \$125.00 | |

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Sweeney | | First Name Jean | | MI M |
| Residential Street Address 2 Lighthouse Way | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation attorney | | Name of Employer Maloof & Browne | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | | Amount of Contribution |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If contributor a principal of state contractor or prospective state contractor? | | |
| If yes, list Event # | 10092025A | If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/08/2025 | \$1,000.00 | |
| | | | \$500.00 | |

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Heatherington | | First Name Meaghan | | MI |
| Residential Street Address 14 Thomasina Ln | | City Darien | State CT | Zip Code 06820 |
| 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? | | Amount of Contribution |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If contributor a principal of state contractor or prospective state contractor? | | |
| If yes, list Event # | 10092025A | If yes, indicate which branch or branches of government the contract is with: | | |
| | | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 10/09/2025 | \$125.00 | |
| | | | \$125.00 | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Adelman | | First Name Frank | | MI |
| Residential Street Address 3 Harriet | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Executive | | Name of Employer Gartner | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|---|---|-------------------------------------|-------------------|
| Last Name McClutchy | | First Name John | | MI H |
| Residential Street Address 11 Molly Ln | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Real Estate Developer | | Name of Employer JHM Financial Group | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$500.00 | \$500.00 |

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Gray | | First Name Joellyn | | MI |
| Residential Street Address 5 Old Stone Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | 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 |
| Darien Democratic Town Committee | 7th Day Preceding General Election - Original |

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Cain | | First Name Juliet | | MI |
| Residential Street Address 81 Locust Hill Rd | | City Darien | State CT | Zip Code 06820 |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Gray | | First Name Susan | | MI K |
| Residential Street Address 57 Brookside Rd | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation Democratic Registrar of Voters | | Name of Employer Town of Darien | | |
| 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>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Jacobs | | First Name Armel | | MI |
| Residential Street Address 12 Fitch Ave | | City Darien | State CT | Zip Code 06820 |
| Principal Occupation attorney | | Name of Employer self-employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/09/2025 | Aggregate Contributions \$125.00 | \$125.00 |

| I. MONETARY RECEIPTS (Section A-K) | | | | | |
|---|--|--|-----------------------------|---|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| Darien Democratic Town Committee | | | | 7th Day Preceding General Election - Original | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Procaccini | | First Name Erika | | MI | |
| Residential Street Address 67 Edgerton Rd | | City Darien | | State CT | Zip Code 06820 |
| 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 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 \$100.00 | \$100.00 |
| Total of Section B | | | | | \$8,230.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i> | | | | | \$8,230.00 |

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

I. MONETARY RECEIPTS (Section A-K)

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

P. Expenses Paid By Committee

| | | | | | |
|--|--|-------------------------------|--|----------------|-------------------|
| Name of Payee Meta | | Date of Payment 10/01/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | | |
| Street Address 1 Facebook Way | | City Menlo Park | | State CA | Zip Code 94025 |
| Purpose of Expenditure (by code) A-WEB | 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 | | | \$16.00 | |
| Name of Payee Meta | | Date of Payment 10/06/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | | |
| Street Address 1 Facebook Way | | City Menlo Park | | State CA | Zip Code 94025 |
| Purpose of Expenditure (by code) A-WEB | 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 | | | \$11.00 | |
| Name of Payee Meta | | Date of Payment 10/06/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | | |
| Street Address 1 Facebook Way | | City Menlo Park | | State CA | Zip Code 94025 |
| Purpose of Expenditure (by code) A-WEB | 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 | | | \$15.00 | |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|--|--------------------------|
| Name of Payee Meta | | Date of Payment 10/08/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1 Facebook Way | | City Menlo Park | State CA | Zip Code 94025 |
| Purpose of Expenditure (by code) A-WEB | 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 | | | \$18.00 |
| Name of Payee Meta | | 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 1 Facebook Way | | City Menlo Park | State CA | Zip Code 94025 |
| Purpose of Expenditure (by code) A-WEB | 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 | | | \$3.99 |
| Name of Payee Stripe | | 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 354 Oyster Point Blvd | | City South San Francisco | State CA | Zip Code 94080 |
| Purpose of Expenditure (by code) OVHD | Description | | | Event # 10092025A |
| 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 | | | \$484.74 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|----------------------|
| Name of Payee Michael Joseph's Catering | | Date of Payment 10/10/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 1405 Post Rd | | City Darien | State CT | Zip Code 06820 |
| Purpose of Expenditure (by code) FNDR * | Description Food | | | Event # 10092025A |
| 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 \$115.94 |
| Name of Payee Fedex Office | | Date of Payment 10/10/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13155 Noel Rd Ste 1600 | | City Dallas | State TX | Zip Code 75240 |
| Purpose of Expenditure (by code) FNDR * | Description Printing | | | Event # 10092025A |
| 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 \$86.51 |
| Name of Payee Cindy Brown | | Date of Payment 10/11/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 8 Devon Rd | | City Darien | State CT | Zip Code 06820 |
| Purpose of Expenditure (by code) RMB | Description Reimbursement | | | Event # 10092025A |
| 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 \$348.81 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|----------------------|
| Name of Payee Jeni Chapman | | Date of Payment 10/11/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 23 Goodwives River Rd | | City Darien | State CT | Zip Code 06820 |
| Purpose of Expenditure (by code) REF | Description Reimbursement | | | Event # 10092025A |
| 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 \$390.70 |
| Name of Payee Anedot | | Date of Payment 10/13/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1340 Poydras St Ste 1770 | | City New Orleans | State LA | Zip Code 70112 |
| Purpose of Expenditure (by code) OVHD | 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 \$4.30 |
| Name of Payee Constant Contact | | 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 1601 Trapelo Rd | | City Waltham | State MA | Zip Code |
| Purpose of Expenditure (by code) OVHD | 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 \$37.22 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|--|-------------------------------|--|-------------------|
| Name of Payee USPS | | Date of Payment 10/16/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 25 Old Kings Hwy N Ste 18 | | City Darien | State CT | Zip Code 06820 |
| Purpose of Expenditure (by code) OVHD | Description PO Box Annual Fee | | | 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 | | | \$248.00 |
| Total of Section P | | | | \$1,780.21 |

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

IV. EXPENDITURES

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Darien Democratic Town Committee | | 7th Day Preceding General Election - Original | |
| S. Expenses Incurred By Committee but Not Paid During this Period | | | |
| Name of Creditor Nielsens | | | Date Incurred 10/07/2025 |
| Street Address 1405 Post Rd | | City Darien | State Zip Code CT 06820 |
| Purpose of Expenditure (by code) FNDR * | Description Space Rental | | Event # 10092025A |
| Expenditure# (if applicable) | Type of Expenditure (Itemization in Addendum S 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 Incurred (Estimate or Actual) \$531.75 |
| Total of Section S | | | \$531.75 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Darien 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 |
| Chapman | Jeni | | 10/11/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| PC Richard | <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 444 Connecticut Ave | Norwalk | CT | 06854 |

| | | |
|----------------------------------|---------------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FNDR * | Audio and Speakers Rental | 10092025A |

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T 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 | \$318.94 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Chapman | Jeni | | 10/11/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Home Goods | <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 580 Connecticut Ave | Norwalk | CT | 06854 |

| | | |
|----------------------------------|---------------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FNDR * | Stationary, Candles, Food | 10092025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T 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 | \$61.14 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Darien 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 |
| Chapman | Jeni | | 10/11/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| BevMax | <input checked="" type="checkbox"/> Check # 1042 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 777 Connecticut Ave | Norwalk | CT | 06851 |

| | | |
|----------------------------------|-------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FNDR * | Beverages | 10092025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T 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 | \$10.62 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Brown | Cindy | | 10/11/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Heights Wine and Spirits | <input checked="" type="checkbox"/> Check # 1043 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 360 Heights Rd | Darien | CT | 06820 |

| | | |
|----------------------------------|-------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FNDR * | Beverages | 10092025A |

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T 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 | \$348.41 |

| | | |
|---------------------------|--|-----------------|
| Total of Section T | | \$739.11 |
|---------------------------|--|-----------------|

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

Section T. ADDENDUM

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