

**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			
<b>Stonington Democratic Town Committee</b>			
2. TREASURER NAME			
First <b>Eugene</b>	MI <b>E</b>	Last <b>Pfeifer</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>7 Island Rd</b>	City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>7th Day Preceding General Election - Amendment</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>10/01/2025</b>	thru <b>10/26/2025</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Eugene Pfeifer</b>	<b>04/03/2026 6:55:18PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Stonington Democratic Town Committee</b>	<b>7th Day Preceding General Election - Amendment</b>	
	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		<b>\$7,562.49</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$10,024.97</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$2,935.00</b>	<b>\$12,707.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$500.00</b>	<b>\$500.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$8.06</b>	<b>\$11.01</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$3,443.06</b>	<b>\$13,218.01</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$13,468.03</b>	<b>\$20,780.50</b>
19. Expenses Paid by Committee (Section P)	<b>\$3,654.20</b>	<b>\$10,966.67</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$9,813.83</b>	<b>\$9,813.83</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$79.56</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$86.05</b>	<b>\$86.05</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$605.42</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-K)**

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

**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 Hoyt		First Name Seth		MI
Residential Street Address 186 Jerry Browne Rd		City Mystic	State CT	Zip Code 06355
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input 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 \$50.00	\$50.00

Last Name Little		First Name Geoffrey		MI E
Residential Street Address 590 N Main St		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/14/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Leeming		First Name Julia		MI
Residential Street Address 94 Farmholme Rd		City Stonington	State CT	Zip Code 06378
Principal Occupation Architect		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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input 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 10/18/2025	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Johnstone		First Name Pamela		MI MI
Residential Street Address 137 Water St Apt 3		City Stonington	State CT	Zip Code 06378
Principal Occupation Owner		Name of Employer Real Estate Broker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10182025A</u> <input 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 10/18/2025	Aggregate Contributions \$200.00	\$50.00
Last Name Kading		First Name James		MI R
Residential Street Address 159 Mechanic St		City Pawcatuck	State CT	Zip Code 06379
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 checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input 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 10/18/2025	Aggregate Contributions \$775.00	\$100.00
Last Name Foley		First Name Barbara		MI O
Residential Street Address 9 E Neck Rd		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input 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 10/18/2025	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
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**B. Itemized Contributions from Individuals**

Last Name <b>Lamb</b>		First Name <b>Janice</b>		MI <b>E</b>
Residential Street Address <b>142 Barnes Rd</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>Higher Education Staff</b>		Name of Employer <b>UConn</b>		
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 # <b>10182025A</b> <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 <b>10/18/2025</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>
Last Name <b>Huynh</b>		First Name <b>Renee</b>		MI
Residential Street Address <b>457 Greenhaven Rd</b>		City <b>Pawcatuck</b>	State <b>CT</b>	Zip Code <b>06379</b>
Principal Occupation <b>Retired</b>		Name of Employer <b>retired</b>		
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 # <b>10182025A</b> <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 <b>10/18/2025</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>
Last Name <b>Serra</b>		First Name <b>Michael</b>		MI
Residential Street Address <b>2 Jeremy Hill Rd</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>Attorney</b>		Name of Employer <b>Troutman Pepper Lock LLP</b>		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/18/2025</b>	Aggregate Contributions <b>\$300.00</b>	<b>\$100.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Donovan		First Name Jerry		MI E
Residential Street Address 1 Church St		City Stonington	State CT	Zip Code 06378
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	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$150.00	\$150.00

Last Name Duckham		First Name Penelope		MI E
Residential Street Address 33 Main St		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Coleman		First Name Lisa		MI M
Residential Street Address 5 Diving St		City Stonington	State CT	Zip Code 06378
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	
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Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$100.00	\$10.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Allik		First Name Judith		MI
Residential Street Address 30 Russell Ave		City Pawcatuck	State CT	Zip Code 06379
Principal Occupation psychologist		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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input 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 10/18/2025	Aggregate Contributions \$95.00	
				\$50.00
Last Name Towell		First Name Dane		MI B
Residential Street Address 214 N Water St		City Stonington	State CT	Zip Code 06378
Principal Occupation Interior Designer		Name of Employer Dane Towell		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
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Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	
				\$50.00
Last Name Flaherty		First Name Ellen		MI
Residential Street Address 137 B Elm St		City Stonington	State CT	Zip Code 06378
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
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	
				\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Sanders		First Name Gillian		MI E
Residential Street Address 58 Quanaduck Rd .		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	
				\$50.00
Last Name Sternberg		First Name William		MI
Residential Street Address 153 Elm St		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$115.00	
				\$25.00
Last Name Turrentine		First Name John		MI
Residential Street Address 36 Flanders Rd		City Stonington	State CT	Zip Code 06378
Principal Occupation builder		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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$100.00	
				\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name <b>Bates</b>		First Name <b>Lisa</b>		MI <b>T</b>
Residential Street Address <b>118 Water St</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>President</b>		Name of Employer <b>United Way</b>		
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 # <b>10182025A</b> <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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/18/2025</b>	Aggregate Contributions <b>\$500.00</b>	<b>\$500.00</b>

Last Name <b>Kepple</b>		First Name <b>Nicholas</b>		MI
Residential Street Address <b>224 N Main St</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>Lawyer</b>		Name of Employer <b>Self</b>		
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 # <b>10182025A</b> <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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/18/2025</b>	Aggregate Contributions <b>\$100.00</b>	<b>\$100.00</b>

Last Name <b>Perenyi</b>		First Name <b>Sharon</b>		MI
Residential Street Address <b>53 Main St</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Principal Occupation <b>retired</b>		Name of Employer <b>Retired</b>		
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 # <b>10182025A</b> <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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received <b>10/18/2025</b>	Aggregate Contributions <b>\$50.00</b>	<b>\$50.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Winchester		First Name Eugene		MI
Residential Street Address 46 Nauyaug Point Rd		City Mystic	State CT	Zip Code 06355
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$200.00	\$100.00

Last Name Scott		First Name Mark		MI
Residential Street Address 411 Walnut St		City Green Cv Springs	State FL	Zip Code 32043
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$200.00	\$200.00

Last Name Slater		First Name Martha		MI
Residential Street Address 2 School St		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Lobdel		First Name Ann		MI
Residential Street Address 8 Water St		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$200.00	\$200.00
Last Name Alexander		First Name Jeffrey		MI
Residential Street Address 716 Al Harvey Rd .		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$75.00	\$50.00
Last Name Bienkowski		First Name Annette		MI E
Residential Street Address 42 Island Rd		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$100.00	\$100.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Thompson		First Name Fiammetta		MI P
Residential Street Address Box 850		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$150.00	\$50.00

Last Name Bury		First Name Wendy		MI E
Residential Street Address 8 Oak Dr		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Jachym		First Name Eileen		MI
Residential Street Address 273 Cosmopolitan Ct .		City Sarasota	State FL	Zip Code 34236
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	\$50.00

**I. MONETARY RECEIPTS (Section A-K)**

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

**B. Itemized Contributions from Individuals**

Last Name Bump		First Name Josephine		MI
Residential Street Address 6 Quana duck Cv		City Stonington	State CT	Zip Code 06378
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>10182025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		Amount of Contribution	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/18/2025	Aggregate Contributions \$50.00	\$50.00
<b>Total of Section B</b>			<b>\$2,935.00</b>	
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>			<b>\$2,935.00</b>	
(Sections A & B)			(Total on Line 13 of Summary Page)	

**I. MONETARY RECEIPTS (Section A-K)**

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

**C1. Contributions from Other Committees**

Name of Committee Firewall Fund		Name of Treasurer Timothy Birch		
Address 506 King St		Is this contribution associated with an event reported in Section L1? If yes, list Event #		Amount of Contribution
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City Bristol	State CT	Zip Code 06010	Date Received 10/24/2025	Aggregate Contributions \$500.00
<b>Total of Section C1</b>				<b>\$500.00</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**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				
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K)**

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

**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)				<b>Amount Received</b>	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Stonington Democratic Town Committee			7th Day Preceding General Election - Amendment	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Stonington Democratic Town Committee			7th Day Preceding General Election - Amendment	
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

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

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**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
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**J. Interest from Deposits in Authorized Accounts**

Name of Institution	Date Received	Amount
Chelsea Groton Bank	10/02/2025	
Street Address	City	State
116 W Broad St	Pawcatuck	CT
	Zip Code	Amount
	06379	\$8.06
<b>Total of Section J</b>		<b>\$8.06</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received
Street Address	City	State
		Zip Code
Description		
<b>Total of Section K</b>		

**II. EVENT ACTIVITY (Sections L1 - L5)**

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

**L1. Event Information**

Event # Date of Event 10/18/2025	Letter A	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 118 Water St		City Stonington	State CT	Zip Code 06378
<i>Subpart 1: (All Committees)</i>		<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>		
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i>	<input type="text" value="\$0.00"/>
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>		<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>		
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Subpart 3: (Town Committees ONLY)</i>		<i>(If yes, enter Total Receipts here.)</i>		
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="text" value="\$0.00"/>

**Total of Section L1** **\$0.00**

**II. EVENT ACTIVITY (Sections L1 - L5)**

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

**L3. Purchases of Advertising in a Program Book or on a Sign**

Name of Purchaser		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**L4. In-Kind Donations Not Considered Contributions**

Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation	
Business Entity				
Individual	Date Received	Event #	Aggregate value for this event	
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
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**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?		
Lisa Tepper Bates		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, complete Itemization in Addendum L5		
Street Address		City	State	Zip Code
118 Water St		Stonington	CT	06378
Description of Donation			Fair Market Value of Donation	
Food				
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
10182025A	\$86.05	\$86.05	\$86.05	

**Total of Section L5**

**\$86.05**

**III. NONMONETARY RECEIPTS (Sections M - O)**

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

**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
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment

**N. Refundable Deposit to Telephone Company**

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code

**Total of Section N**

### IV. EXPENDITURES (Sections P - T)

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

#### P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 10/02/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 10821 Rosebud Ct		City Baton Rouge	State LA	Zip Code 70815
Purpose of Expenditure (by code) Misc *	Description Fee for on line donation processing			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$45.30
Name of Payee Lyndsey Pyrke-Fairchild		Date of Payment 10/10/2025	Method of Payment <input checked="" type="checkbox"/> Check # 586 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 37 Greenville Ave		City Mystic	State CT	Zip Code 06355-0245
Purpose of Expenditure (by code) Misc *	Description Postcard mailing service			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$3,104.75
Name of Payee Chris Johnson		Date of Payment 10/18/2025	Method of Payment <input checked="" type="checkbox"/> Check # 587 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 56 Denison Ave .		City Mystic	State CT	Zip Code 06355
Purpose of Expenditure (by code) PRNT	Description ABC Photolab, 14 Clara Drive, Mystic, CT - walk card printing			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 \$191.43

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Stonington Democratic Town Committee	7th Day Preceding General Election - Amendment
<b>P. Expenses Paid By Committee</b>	

Name of Payee <b>Jack Straw Associates</b>		Date of Payment <b>10/18/2025</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>147 Water St</b>		City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Wine for fund raiser</b>			Event # <b>10182025A</b>
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 <b>\$211.10</b>
Name of Payee <b>Big Y</b>		Date of Payment <b>10/18/2025</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>79 Stonington Rd</b>		City <b>Mystic</b>	State <b>CT</b>	Zip Code <b>06355</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Ice for fund raiser</b>			Event # <b>10182025A</b>
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 <b>\$2,587.00</b>
Name of Payee <b>Mail Chimp</b>		Date of Payment <b>10/18/2025</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>405 N Angier Ave .</b>		City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30308</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Monthly fee for mail service</b>			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 <b>\$75.75</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Stonington Democratic Town Committee		7th Day Preceding General Election - Amendment	
<b>P. Expenses Paid By Committee</b>			
Name of Payee <b>Big Y</b>		Date of Payment <b>10/18/2025</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <b>79 Stonington Rd</b>		City <b>Mystic</b>	State <b>CT</b> Zip Code <b>06355</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Ice for fund raiser</b>		Event # <b>10182025A</b>
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 <b>\$25.87</b>
<b>Total of Section P</b>			<b>\$3,654.20</b>

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
		7th Day Preceding General Election - Amendment	
<b>Q. Campaign Expenses Paid By Candidate</b>			
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
<b>Total of Section Q</b>			

**IV. EXPENDITURES**

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

**R. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution <b>Chelsea Groton</b>	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor, Person or Entity <b>Mail Chimp</b>	Date of Transaction <b>10/02/2025</b>
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Street Address <b>405 N Angier Ave</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30308</b>
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Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Marketing and email platform monthly fee</b>	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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 checked="" type="checkbox"/> D	Amount <b>\$75.75-</b>
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Name of Issuing Institution <b>Chelsea Groton Bank</b>	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor, Person or Entity <b>Jackstraw Associates</b>	Date of Transaction <b>10/18/2025</b>
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Street Address <b>147 Water St</b>	City <b>Stonington</b>	State <b>CT</b>	Zip Code <b>06378</b>
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Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>Wine for fundraiser</b>	Event # <b>10182025A</b>
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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 checked="" type="checkbox"/> D	Amount <b>\$211.10-</b>
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IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Stonington Democratic Town Committee		7th Day Preceding General Election - Amendment	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution <b>Chelsea Groton Bank</b>		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor, Person or Entity <b>Big Y</b>		Date of Transaction <b>10/18/2025</b>	
Street Address <b>79 Stonington Rd</b>		City <b>Mystic</b>	State <b>CT</b> Zip Code <b>06378</b>
Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>Ice and beer</b>		Event # <b>10182025A</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R 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 checked="" type="checkbox"/> D		Amount <b>\$25.87</b>
<b>Total of Section R</b>			<b>\$0.00</b>

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Stonington Democratic Town Committee		7th Day Preceding General Election - Amendment	
S. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor		Date Incurred	
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S 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 Incurred (Estimate or Actual)
<b>Total of Section S</b>			

**IV. EXPENDITURES (Sections P - T)**

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

**T. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Pyrke-Fairchild	Lyndsey		10/10/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Vista Print	<input checked="" type="checkbox"/> Check # 586 <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
275 Wyman St	Waltham	MA	02451

Purpose of Expenditure (by code)	Description	Event #
Misc *	Postcard mailing service	

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	\$3,104.75

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Johnson	Chris		10/18/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
ABC Photo Lab	<input checked="" type="checkbox"/> Check # 587 <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
14 Clara Dr	Mystic	CT	06355

Purpose of Expenditure (by code)	Description	Event #
PRNT	Set up and printing of candidate walk cards	

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	\$191.43

<b>Total of Section T</b>		<b>\$3,296.18</b>
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Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
<b>Event #</b>	
Name of Candidate or Committee	

Section P. ADDENDUM			
NAME OF COMMITTEE	TYPE OF REPORT		
P. Expenses Paid By Committee - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	
Are Limits Aggregated?	Aggregating Committees		
<b>Yes</b> <b>No</b>			

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

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

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