

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2024



Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE					
Ashford Democratic Town Committee					
2. TREASURER NAME					
First Sandra		MI	Last Moquin		Suffix
3. TREASURER ADDRESS					
Street Address 41 Lake View Dr		City Ashford		State CT	Zip Code 06278
4. ELECTION/REFERENDUM DATE		5. OFFICE SOUGHT (Complete only if Candidate Committee)			6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First		MI	Last		Suffix
8. TYPE OF REPORT					
7th Day Preceding Primary - Original					
9. PERIOD COVERED					
Beginning Date Ending Date 07/01/2026 thru 08/02/2026					
10. CERTIFICATION					
☒ 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 SIGNATURE		Sandra Moquin PRINT NAME OF THE SIGNER		08/04/2026 5:05:43PM 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	
Ashford Democratic Town Committee	7th Day Preceding Primary - 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		\$974.71
12. Balance on hand at the beginning of Reporting Period	\$1,803.59	
13. Contributions received from Individuals (Section A and B)	\$2,760.00	\$4,910.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,760.00	\$4,910.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$4,563.59	\$5,884.71
19. Expenses Paid by Committee (Section P)	\$1,457.46	\$2,778.58
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$3,106.13	\$3,106.13
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$259.29	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Ashford Democratic Town Committee	7th Day Preceding Primary - 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 Summers		First Name Pamela		MI
Residential Street Address 105 Nagy Rd		City Ashford	State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/03/2026	Aggregate Contributions \$2,225.00	\$225.00

Last Name Bellamy		First Name Janet		MI
Residential Street Address 11 Sunset Dr		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/03/2026	Aggregate Contributions \$45.00	\$45.00

Last Name Urban		First Name Jane		MI
Residential Street Address 50 Wormwood Hill Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Project Manager		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08182023L</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/03/2026	Aggregate Contributions \$90.00	\$90.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name McCarthy		First Name Jean		MI
Residential Street Address 436 Bebbington Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name McCarthy		First Name Kevin		MI
Residential Street Address 436 Bebbington Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/16/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Smith		First Name Sarah		MI C
Residential Street Address 69 Eldredge Rd		City Willington	State CT	Zip Code 06279
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/19/2026	Aggregate Contributions \$45.00	
				\$45.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Sumners		First Name Robert		MI
Residential Street Address 237 Old Colony Rd		City Eastford	State CT	Zip Code
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/19/2026	Aggregate Contributions \$225.00	
				\$225.00

Last Name HARKNESS		First Name SUSAN		MI
Residential Street Address 322 Ashford Center Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation RETIRED		Name of Employer NONE		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Pheanious		First Name Pat		MI
Residential Street Address 63 Squall Hollow Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$45.00	
				\$45.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Wrobel		First Name Loretta		MI
Residential Street Address 297 Pumpkin Hill Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/20/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Acebo		First Name Christine		MI
Residential Street Address 91 Perry Hill Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/22/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Chamberlain		First Name Janice		MI
Residential Street Address 117 Perry Hill Rd		City Ashford	State CT	Zip Code
Principal Occupation		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/26/2026	Aggregate Contributions \$90.00	
				\$90.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name SILVER-SMITH		First Name JEFFREY		MI
Residential Street Address 95 Sekar Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Regional account mansger		Name of Employer AM RED CROSS		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/27/2026	Aggregate Contributions \$180.00	
				\$180.00

Last Name Becker		First Name Barbara		MI
Residential Street Address 574 Bebbington Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/27/2026	Aggregate Contributions \$90.00	
				\$90.00

Last Name Moquin		First Name Sandra		MI
Residential Street Address 41 Lake View Dr		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/27/2026	Aggregate Contributions \$90.00	
				\$90.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Eastwood		First Name Susan		MI	
Residential Street Address 178 Waterfall Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/27/2026	Aggregate Contributions \$90.00		
				\$90.00	

Last Name Cunningham		First Name Mike		MI	
Residential Street Address 41 Liska Rd		City Willington		State CT	Zip Code
Principal Occupation Advisor		Name of Employer UConn			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/27/2026	Aggregate Contributions \$90.00		
				\$90.00	

Last Name Desanto		First Name Angela		MI C	
Residential Street Address 183 Amidon Dr		City Ashford		State CT	Zip Code 06278
Principal Occupation		Name of Employer			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/28/2026	Aggregate Contributions \$90.00		
				\$90.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Curry		First Name Cynthia		MI
Residential Street Address 189 Varga Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/29/2026	Aggregate Contributions \$90.00	

Last Name Grady		First Name Dorothy		MI
Residential Street Address 42 Cornwall Dr		City Coventry	State CT	Zip Code 06238
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/29/2026	Aggregate Contributions \$45.00	

Last Name Gigle		First Name Max		MI
Residential Street Address 656 Chaffeeville Rd		City Mansfield	State CT	Zip Code 06268
Principal Occupation Government Innovation		Name of Employer State of Connecticut		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/29/2026	Aggregate Contributions \$45.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Macarone		First Name Deborah		MI
Residential Street Address 260 Ashford Center Rd		City Ashford	State CT	Zip Code
Principal Occupation Therapist		Name of Employer Self Employed		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/29/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Maccarone		First Name Al		MI
Residential Street Address 260 Ashford Center Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/29/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Wood		First Name Sharon		MI
Residential Street Address 297 Pumpkin Hill Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/31/2026	Aggregate Contributions \$45.00	
				\$45.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Hendrick		First Name Joseph		MI
Residential Street Address 30 Barlow Mill Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 07/31/2026	Aggregate Contributions \$90.00	
				\$90.00

Last Name Bagley		First Name Eugenie		MI
Residential Street Address 54 Ashford Dr		City Ashford	State CT	Zip Code 06278
Principal Occupation Bookkeeper Accountant		Name of Employer SK Mechanicle LLC		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$95.00	
				\$45.00

Last Name O'Leary		First Name Jack		MI
Residential Street Address 24 E Shore Dr		City Groton	State CT	Zip Code 06340
Principal Occupation file organizer		Name of Employer NedForCt		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$90.00	
				\$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name O'Leary		First Name Jack		MI
Residential Street Address 24 E Shore Dr		City Groton	State CT	Zip Code 06340
Principal Occupation file organizer		Name of Employer NedForCt		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$90.00	

Last Name O'Leary		First Name Jack		MI
Residential Street Address 24 E Shore Dr		City Groton	State CT	Zip Code 06340
Principal Occupation file organizer		Name of Employer NedForCt		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$90.00	

Last Name Lewis		First Name Joan		MI A
Residential Street Address 745 Merrow Rd Unit 136		City Coventry	State CT	Zip Code 06213
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07032026d</u> ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$45.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Parnes		First Name Richard		MI S
Residential Street Address 14 Amidon Dr		City Ashford	State CT	Zip Code 06278
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Dubinski		First Name William		MI
Residential Street Address 50 Mansfield Rd		City Ashford	State CT	Zip Code
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$145.00	
				\$90.00

Last Name Daly		First Name Elizabeth		MI
Residential Street Address 110 Jonathan Dr		City Vernon	State CT	Zip Code 06066
Principal Occupation Manager		Name of Employer State of Connecticut		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$45.00	
				\$45.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Cerrone		First Name Kate		MI
Residential Street Address 53 Ragged Hill Rd		City Pomfret	State CT	Zip Code 06259
Principal Occupation Attorney		Name of Employer The North East Law Center		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$45.00	
				\$45.00

Last Name Bellamy		First Name Janet		MI
Residential Street Address 11 Sunset Dr		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$105.00	
				\$60.00

Last Name Grady		First Name Dorithy		MI
Residential Street Address 42 Cornwall Dr		City Coventry	State CT	Zip Code 06238
Principal Occupation		Name of Employer Retired		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$105.00	
				\$60.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Acebo		First Name Christine		MI	
Residential Street Address 91 Perry Hill Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$150.00		
				\$30.00	

Last Name SILVER-SMITH		First Name JEFFREY		MI	
Residential Street Address 95 Sekar Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Regional account mansger		Name of Employer AM RED CROSS			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$210.00		
				\$30.00	

Last Name Acebo		First Name Christine		MI	
Residential Street Address 91 Perry Hill Rd		City Ashford		State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer			
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$150.00		
				\$60.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

B. Itemized Contributions from Individuals

Last Name Eastwood		First Name Susan		MI
Residential Street Address 178 Waterfall Rd		City Ashford	State CT	Zip Code 06278
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$110.00	
Last Name Dubinski		First Name William		MI
Residential Street Address 50 Mansfield Rd		City Ashford	State CT	Zip Code
Principal Occupation Retired		Name of Employer		
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 associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 07032026d ☒ Yes ☐ 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: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 08/01/2026	Aggregate Contributions \$145.00	
Total of Section B				\$2,760.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$2,760.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - Original

C1. Contributions from Other Committees

Name of Committee

Name of Treasurer

Address

Is this contribution associated with an
event reported in Section L1?

Yes

No

Amount of Contribution

If yes, list Event #

City

State

Zip Code

Date Received

Aggregate Contributions

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

NAME OF COMMITTEE

Ashford Democratic Town Committee

TYPE OF REPORT

7th Day Preceding Primary - 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
Ashford Democratic Town Committee	7th Day Preceding Primary - Original

D. Loans Received this Period

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

Total of Section D**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Ashford Democratic Town Committee	7th Day Preceding Primary - Original

E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

Total of Section E**I. MONETARY RECEIPTS (Section A-K)**

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

F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes	No	If yes, list Event #	Amount
-----------------	--	-----	----	----------------------	--------

Total of Section F

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Ashford Democratic Town Committee	7th Day Preceding Primary - 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
Ashford Democratic Town Committee	7th Day Preceding Primary - Original
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)	
Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card
Amount	
Total of Section H	

I. Monetary Receipts (Section A-K)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Ashford Democratic Town Committee			7th Day Preceding Primary - 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	
Ashford Democratic Town Committee			7th Day Preceding Primary - 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	
Ashford Democratic Town Committee			7th Day Preceding Primary - Original	
L1. Event Information				
Event # Date of Event 07/03/2026	Letter d	Description Dinner Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address Chatey Lane		City Ashford	State CT	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> \$0.00	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ 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> \$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
Ashford Democratic Town Committee	7th Day Preceding Primary - 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
Ashford Democratic Town Committee	7th Day Preceding Primary - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	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
Ashford Democratic Town Committee	7th Day Preceding Primary - 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
Ashford Democratic Town Committee	7th Day Preceding Primary - Original

M. In-Kind Contributions

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - 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

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 07/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description 1 ticket \$45			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/03/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description 2 tickets			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$3.90

Name of Payee Pamela Summers		Date of Payment 07/06/2026	Method of Payment ☒ Check # 1122 ☐ Debit Card ☐ EFT	
Street Address 105 Nagy Rd		City Ashford	State CT	Zip Code 06278
Purpose of Expenditure (by code) REF	Description Return of contribution over payment on 7/3 for event tickets			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$225.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 07/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description Summers Anedot fee for \$225			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$9.30

Name of Payee Anedot		Date of Payment 07/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description 1 ticket			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/16/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description Wrobel ticket			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 07/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description 1 ticket			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Ashford	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description summers 5 tickets			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$9.30

Name of Payee Anedot		Date of Payment 07/26/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description transfer fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$3.90

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Jeffrey Silver-Smith		Date of Payment 07/27/2026	Method of Payment ☒ Check # 1123 ☐ Debit Card ☐ EFT	
Street Address 95 Seckar Rd		City Ashford	State CT	Zip Code 06278
Purpose of Expenditure (by code) RMB	Description Reimbursement for food purchased at Chicopee Provision Company for dogs and kielbasa for August 1st dinner event			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$142.13

Name of Payee Anedot		Date of Payment 07/27/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description Cunningham contribution funds transfer fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$3.90

Name of Payee Anedot		Date of Payment 07/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description Curry fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$3.90

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 07/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description D. Maccarone fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description AI Maccarone fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description D.Grady			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 07/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description M.Gigle fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description S. Wood fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$2.10

Name of Payee Anedot		Date of Payment 07/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description J. Hendrick fee			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$3.90

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Midway Pizza		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1124 ☐ Debit Card ☐ EFT	
Street Address 174 Ashford Center Rd		City Ashford	State CT	Zip Code 06278
Purpose of Expenditure (by code) FOOD	Description dinner event			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$338.13

Name of Payee Pamela Summers		Date of Payment 08/01/2026	Method of Payment ☒ Check # 1125 ☐ Debit Card ☐ EFT	
Street Address 105 Nagy Rd		City Ashford	State CT	Zip Code 06278
Purpose of Expenditure (by code) RMB	Description food Adams \$213.63, 30.77			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$244.40

Name of Payee Anedot		Date of Payment 08/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description Tfee O.Leary			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$4.50

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

Ashford Democratic Town Committee

7th Day Preceding Primary - Original

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 08/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 06278-7080
Purpose of Expenditure (by code) BNK	Description transfer fees			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$6.90
Name of Payee Janet Bellamy		Date of Payment 08/02/2026	Method of Payment ☒ Check # 1126 ☐ Debit Card ☐ EFT	
Street Address 10 Sunset Dr		City Ashford	State CT	Zip Code 06278
Purpose of Expenditure (by code) RMB	Description Food Stop&Shop \$45.44, Midway \$320.00,ice \$8.97.Price Chopper \$4.99			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$379.40
Name of Payee Jack O'Leary		Date of Payment 08/02/2026	Method of Payment ☒ Check # 1127 ☐ Debit Card ☐ EFT	
Street Address 24 E Shore Dr		City Groton	State CT	Zip Code 06340
Purpose of Expenditure (by code) REF	Description refund for \$60.00 over payment for dinner event			Event # 07032026d
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 \$60.00
Total of Section P			\$1,457.46	

IV. EXPENDITURES (Sections P - T)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT
Ashford Democratic Town Committee				7th Day Preceding Primary - 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
Ashford Democratic Town Committee				7th Day Preceding Primary - 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	
Ashford Democratic Town Committee			7th Day Preceding Primary - Original	
S. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D			Amount Incurred (Estimate or Actual)
Total of Section S				

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Ashford Democratic Town Committee			7th Day Preceding Primary - Original	
T. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D			Amount
Total of Section T				

Section L5. ADDENDUM

NAME OF COMMITTEE

TYPE OF REPORT

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

Event #

Name of Candidate or Committee

Section P. ADDENDUM

NAME OF COMMITTEE

TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #

Supported

Opposed

Amount of Expenditure

Name of Candidate or Committee

Office Sought (if applicable)

Cost Allocated to Candidate or Committee

Are Limits Aggregated?

Aggregating Committees

Yes

No

Section R. ADDENDUM

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

Section S. ADDENDUM

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	