SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Farmington Democratic Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Andre	**L**	**Simons**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
4 Lazy Ln	**Farmington**	**CT**	**06032**

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

April 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
01/01/2026	thru	**03/31/2026**

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	**Andre Simons**	**04/10/2026 11:53:13PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Farmington Democratic Town Committee	**April 10 Filing - 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		**$1,159.88**
12. Balance on hand at the beginning of Reporting Period	**$1,159.88**	
13. Contributions received from Individuals (Section A and B)	**$4,100.00**	**$4,100.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
15. Other Monetary Receipts (Section D through K)	**$99.40**	**$99.40**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$240.00**	**$240.00**
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)	**$4,439.40**	**$4,439.40**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$5,599.28**	**$5,599.28**
19. Expenses Paid by Committee (Section P)	**$678.63**	**$678.63**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	**$4,920.65**	**$4,920.65**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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	First Name	MI
Charette	Bruce	A

Residential Street Address	City	State	Zip Code
123 Main St	Farmington	CT	06032

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/08/2026	$25.00	$25.00

Last Name	First Name	MI
DonAroma	Kathleen	

Residential Street Address	City	State	Zip Code
3 Newberry Ct	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/16/2026	$100.00	$100.00

Last Name	First Name	MI
Marsh	Barbara	E

Residential Street Address	City	State	Zip Code
56 Great Meadow Ln .	Avon	CT	06001

Principal Occupation	Name of Employer
Retired	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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/18/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Burns	Sarah	

Residential Street Address	City	State	Zip Code
3 Hidden Spring Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
educator	University of Chicago

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/29/2026	$150.00	$150.00

Last Name	First Name	MI
McCaffrey	Jim Francis	

Residential Street Address	City	State	Zip Code
122 Main St	Farmington	CT	06032

Principal Occupation	Name of Employer
CEO Software	Honor Integrity Systems,Inc.

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/29/2026	$1,050.00	$50.00

Last Name	First Name	MI
McCaffrey	Jim Francis	

Residential Street Address	City	State	Zip Code
122 Main St	Farmington	CT	06032

Principal Occupation	Name of Employer
CEO Software	Honor Integrity Systems,Inc.

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/29/2026	$1,050.00	$1,000.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Werner	Barbara	E

Residential Street Address	City	State	Zip Code
48 Mallard Dr .	Avon	CT	06001

Principal Occupation	Name of Employer
Retired	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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
01/29/2026	$50.00	$50.00

Last Name	First Name	MI
Kaliney	Emily Maloy	

Residential Street Address	City	State	Zip Code
30 High St	Farmington	CT	06032

Principal Occupation	Name of Employer
Homemaker	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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/04/2026	$40.00	$40.00

Last Name	First Name	MI
Demicco	Michael	

Residential Street Address	City	State	Zip Code
6 Deborah Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Legislator	Connecticut General Assembly

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/08/2026	$100.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Demicco	Michael	

Residential Street Address	City	State	Zip Code
6 Deborah Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Legislator	Connecticut General Assembly

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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/08/2026	$100.00	$50.00

Last Name	First Name	MI
Russell	Mary Beth	

Residential Street Address	City	State	Zip Code
8 Locust Laner	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

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? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/09/2026	$50.00	$50.00

Last Name	First Name	MI
Dess-Santoro	Marianne	

Residential Street Address	City	State	Zip Code
26 Wyndhan Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

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? ☒ Yes ☐ No

If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/20/2026	$150.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Dess-Santoro	Marianne	

Residential Street Address	City	State	Zip Code
26 Wyndhan Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☒ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/20/2026	$150.00	$100.00

Last Name	First Name	MI
Cavanaugh	Lorey	

Residential Street Address	City	State	Zip Code
42 Bidwell Sq	Unionville	CT	06085

Principal Occupation	Name of Employer
Remodeling Contractor	Kitchen & Bath Design + Construction

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

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
02/21/2026	$100.00	$100.00

Last Name	First Name	MI
DeDominicis	Felicia	

Residential Street Address	City	State	Zip Code
4 Old Gate Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/06/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Raviele	Dorothy	

Residential Street Address	City	State	Zip Code
25 Munson Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$100.00	$100.00

Last Name	First Name	MI
Reville	Patricia	

Residential Street Address	City	State	Zip Code
17 Pinnacle Ridge Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Politics and Yoga	Self

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$50.00	$50.00

Last Name	First Name	MI
Fenton	Leahanne	

Residential Street Address	City	State	Zip Code
3 Long Ridge Ct	Unionville	CT	06085

Principal Occupation	Name of Employer
Assistant Director of Auxiliary Programs	Miss Porter's School

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Bacchus Lee	Rafeena	

Residential Street Address	City	State	Zip Code
3 Hamilton Way	Farmington	CT	06032

Principal Occupation	Name of Employer
Attorney	State of Connecticut Office of the Attorney Genera

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/09/2026	$100.00	$100.00

Last Name	First Name	MI
Grady-Benson	Catherine	

Residential Street Address	City	State	Zip Code
32 Mountain Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/09/2026	$200.00	$200.00

Last Name	First Name	MI
Russell	Mary Beth	

Residential Street Address	City	State	Zip Code
8 Lucust Ln	Farmington	CT	06032

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Vidwans	Malavika	

Residential Street Address	City	State	Zip Code
1 Stratford Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Pathologist	Labcorp

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$100.00	$100.00

Last Name	First Name	MI
Parlow	Mary Jane	

Residential Street Address	City	State	Zip Code
83 Farmington Chase Cres	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$40.00	$40.00

Last Name	First Name	MI
Das	Swapna	G

Residential Street Address	City	State	Zip Code
1 Crabapple Ln	Unionville	CT	06085

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/15/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kintner	Beth	

Residential Street Address	City	State	Zip Code
24 Farmstead Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Registrar of Voters	Town of Farmington

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/16/2026	$25.00	$25.00

Last Name	First Name	MI
DeDominicis	Felicia	

Residential Street Address	City	State	Zip Code
4 Old Gate Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/16/2026	$100.00	$75.00

Last Name	First Name	MI
Das	Riju	

Residential Street Address	City	State	Zip Code
4B Talcott Gln	Farmington	CT	06032

Principal Occupation	Name of Employer
Attorney	State of Virginia

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/16/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Werner	Elaine	C

Residential Street Address	City	State	Zip Code
48 Mallard Dr	Avon	CT	

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/16/2026	$40.00	$40.00

Last Name	First Name	MI
Cavanaugh	Lorey	

Residential Street Address	City	State	Zip Code
42 Bidwell Sq	Unionville	CT	06085

Principal Occupation	Name of Employer
Remodeling Contractor	KDBC

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/20/2026	$150.00	$50.00

Last Name	First Name	MI
Giannaros	Demetrios	

Residential Street Address	City	State	Zip Code
56 Basswood Rd .	Farmington	CT	06032

Principal Occupation	Name of Employer
Economist	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/20/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Polsky	Suzzanne	

Residential Street Address	City	State	Zip Code
30 Hatters Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Realtor	BHHS

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/20/2026	$50.00	$50.00

Last Name	First Name	MI
Polsky	Bruce	

Residential Street Address	City	State	Zip Code
30 Hatters Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/20/2026	$50.00	$50.00

Last Name	First Name	MI
Gorjanc	Ann	T

Residential Street Address	City	State	Zip Code
62 Cottage St	Unionville	CT	06085

Principal Occupation	Name of Employer
Pediatric PA	Connecticut Children's

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/20/2026	$25.00	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Williams	Joan	

Residential Street Address	City	State	Zip Code
29 Holmes Cir	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/21/2026	$40.00	$40.00

Last Name	First Name	MI
Connolly	Denise	C

Residential Street Address	City	State	Zip Code
43 Gail Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Sales Associate	Jcrew

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/22/2026	$40.00	$40.00

Last Name	First Name	MI
Dess-Santoro	Marianne	

Residential Street Address	City	State	Zip Code
26 Wyndhan Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☒ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☒ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/25/2026	$200.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Pagini	John David	

Residential Street Address	City	State	Zip Code
846 Silver St	Coventry	CT	06238

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/25/2026	$100.00	$100.00

Last Name	First Name	MI
Giannaros	Edward	S

Residential Street Address	City	State	Zip Code
9 Mallard Dr .	Avon	CT	06001

Principal Occupation	Name of Employer
Director, Agile Product Owner	Traveler's Companies. Inc

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$50.00	$50.00

Last Name	First Name	MI
Delach	Dean	J

Residential Street Address	City	State	Zip Code
29 Basswood Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Retired	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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$60.00	$60.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Giannaros	Edward	S

Residential Street Address	City	State	Zip Code
9 Mallard Dr	Farmington	CT	06032

Principal Occupation	Name of Employer
Software Developer	Travelers Insurance

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$50.00	$50.00

Last Name	First Name	MI
Fergusson	Susan	

Residential Street Address	City	State	Zip Code
167 Niles Rd .	New Hartford	CT	06057

Principal Occupation	Name of Employer
Assistant Superintendent	Torrington Board of Education

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$50.00	$50.00

Last Name	First Name	MI
Hutvagner	Matthew	L

Residential Street Address	City	State	Zip Code
4 Deepwood Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Manager Financial Accounting	ESPN

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kintner	Beth	

Residential Street Address	City	State	Zip Code
24 Farmstead Ln	Farmington	CT	06032

Principal Occupation	Name of Employer
Registrar of Voters	Town of Farmington

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$65.00	$40.00

Last Name	First Name	MI
Elliott	Joshua	

Residential Street Address	City	State	Zip Code
59 Macarthur Dr	Hamden	CT	06516

Principal Occupation	Name of Employer
Owner	Thyme and Season

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$100.00	$100.00

Last Name	First Name	MI
Krell	Paul	

Residential Street Address	City	State	Zip Code
86 Vine Rd	Bristol	CT	06010

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Slap	Derek	M

Residential Street Address	City	State	Zip Code
51 Fairlee Rd	West Hartford	CT	06107

Principal Occupation	Name of Employer
VIP Advancement	Village of Children and Families

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: $50.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
03/26/2026	$50.00

Last Name	First Name	MI
Nakhimovsky	Zalman	

Residential Street Address	City	State	Zip Code
53 Walnut St	Farmington	CT	06085

Principal Occupation	Name of Employer
Clerk	Stop & Shop

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: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
03/26/2026	$40.00

Last Name	First Name	MI
Connolly	Brian	

Residential Street Address	City	State	Zip Code
43 Gail Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Marketing	LiveWell

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: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
03/26/2026	$80.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Bonato	Lynda	G

Residential Street Address	City	State	Zip Code
41 Northwood Rd	Farmington	CT	06032

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$40.00	$40.00

Last Name	First Name	MI
Bonato	Robert	

Residential Street Address	City	State	Zip Code
41 Northwood Rd	Farmington	CT	06032

Principal Occupation	Name of Employer
Teacher	Retired - Avon Board of Education

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$80.00	$80.00

Last Name	First Name	MI
Naramok	Jack	

Residential Street Address	City	State	Zip Code
61 Butternut Ln	Bristol	CT	06010

Principal Occupation	Name of Employer
N/A	Farmington Motorsports

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
03/26/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Connolly	Brian	

Residential Street Address	City	State	Zip Code
43 Gail Rd .	Farmington	CT	06032

Principal Occupation	Name of Employer
Marketing	LiveWell

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount of Contribution: $40.00

Method of Contribution	Date Received	Aggregate Contributions
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	03/26/2026	$80.00

Total of Section B	**$4,100.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$4,100.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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 If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Amount
	Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
			Total of Section H	

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
M&T Bank		01/13/2026		
Street Address	City	State	Zip Code	
1845 Farmington Ave	Farmington	CT	06085	
Description				
Returned Chedk				$99.40
			Total of Section K	**$99.40**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
03/26/2026	A	Cocktail Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
1261 S Main St	Plantsville	CT	06479

Subpart 1: (All Committees) Was this event hosted at a personal residence?	[ ] Yes [X] No	*(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)	
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 [X] No	*(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?	[ ] Yes [X] No	*(If yes*, enter Total Receipts here.)	$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	[ ] Yes [X] No	*(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	[X] Yes [ ] No	*(If yes*, enter Total Receipts here.)	$240.00

Total of Section L1	**$240.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

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

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other	Date Received	Aggregate contributions	Description of In-Kind Contribution

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 If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No 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
Farmington Democratic Town Committee	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Matthew L. Hutvagner	01/13/2026	[X] Check # 1429 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
4 Deepwood Rd	Farmington	CT	06032

Purpose of Expenditure (by code)	Description	Event #
Misc *	Replaces Check #1428	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$99.40

Name of Payee	Date of Payment	Method of Payment
MailChimp/The Rocket Science Group	01/20/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	30308

Purpose of Expenditure (by code)	Description	Event #
Misc *	Email Service	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$26.77

Name of Payee	Date of Payment	Method of Payment
Anedot	01/31/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 84314	Baton Rouge	LA	70884

Purpose of Expenditure (by code)	Description	Event #
WEB	CD Processing Fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$61.88

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
InMotion Hosting	02/19/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2 Constitution Dr Ste 101	Virginia Beach	VA	23462

Purpose of Expenditure (by code)	Description	Event #
WEB	Web Host 3 yrs	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[x] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$417.78

Name of Payee	Date of Payment	Method of Payment
MailChimp/The Rocket Science Group	02/20/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	30308

Purpose of Expenditure (by code)	Description	Event #
WEB	Email Provider	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[x] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$26.77

Name of Payee	Date of Payment	Method of Payment
Anedot	02/28/2026	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
PO Box 84314	Baton Rouge	LA	70884

Purpose of Expenditure (by code)	Description	Event #
WEB	CD Processing Fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[x] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$19.26

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
MailChimp/The Rocket Science Group	03/20/2026	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
675 Ponce De Leon Ave NE	Atlanta	GA	30308

Purpose of Expenditure (by code)	Description	Event #
WEB	Email Provider	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[x] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$26.77

Total of Section P	$678.63

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
	April 10 Filing - 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
Farmington Democratic Town Committee	April 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other

Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - 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 *(Itemization in Addendum S Required unless "None of the below" is checked)*	Amount Incurred (Estimate or Actual)
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution Organization : A B C D	

Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Farmington Democratic Town Committee	April 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D	

Total of Section T	

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Are Limits Aggregated? Yes No	Aggregating Committees

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	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