

**SEEC FORM 20**

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



Electronic Filing

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**COVER PAGE**

|  |   |                              |  |
|--|---|------------------------------|--|
| <b>1. NAME OF COMMITTEE</b>  |   |                              |  |
| <b>East Lyme Democratic Town Committee</b>   |   |                              |  |
| <b>2. TREASURER NAME</b>   |   |                              |  |
| First<br><b>Denise</b>   | MI<br><b>W</b>  | Last<br><b>Markovitz</b>     | Suffix   |
| <b>3. TREASURER ADDRESS</b>  |   |                              |  |
| Street Address<br><b>243 Boston Post Rd</b>  | City<br><b>East Lyme</b>  | State<br><b>CT</b>           | Zip Code<br><b>06333</b>                         |
| <b>4. ELECTION/REFERENDUM DATE</b>   | <b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i> |                              | <b>6. DISTRICT NUMBER</b> <i>(if applicable)</i> |
|  |   |                              |  |
| <b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>  |   |                              |  |
| First  | MI  | Last                         | Suffix   |
| <b>8. TYPE OF REPORT</b>   |   |                              |  |
| <b>April 10 Filing - Original</b>  |   |                              |  |
| <b>9. PERIOD COVERED</b>   |   |                              |  |
|  | Beginning Date  | thru                         | Ending Date                                      |
|  | <b>01/01/2026</b>   |                              | <b>03/31/2026</b>                                |
| <b>10. CERTIFICATION</b>   |   |                              |  |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |   |                              |  |
| <b>Electronic Filing</b>   | <b>Denise Markovitz</b>   | <b>04/03/2026 10:43:55AM</b> |  |
| SIGNATURE  | PRINT NAME OF THE SIGNER  | DATE CERTIFIED               |  |
| <b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b>   |   |                              |  |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                    |                       |
|---|-----------------------------------|-----------------------|
| <b>East Lyme Democratic Town Committee</b>  | <b>April 10 Filing - Original</b> |                       |
|   | COLUMN A<br>This Period           | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |                                   | <b>\$1,382.67</b>     |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$1,382.67</b>                 |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$4,025.00</b>                 | <b>\$4,025.00</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed  |                                   |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$4,025.00</b>                 | <b>\$4,025.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$5,407.67</b>                 | <b>\$5,407.67</b>     |
| 19. Expenses Paid by Committee (Section P)  | <b>\$336.00</b>                   | <b>\$336.00</b>       |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$5,071.67</b>                 | <b>\$5,071.67</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)  | <b>\$80.00</b>                    | <b>\$80.00</b>        |
| 24. Refundable Deposit to Telephone Company (Section N)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25. Loan Balance  | <b>\$0.00</b>                     |                       |
| 25a. + Loans Received (Section D)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25c. - Payments on Loan   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount  | <b>\$0.00</b>                     |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)   | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)  | <b>\$0.00</b>                     | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)  | <b>\$0.00</b>                     |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)  | <b>\$0.00</b>                     |                       |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme 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<br>Messenger Wright   |  | First Name<br>Andrea   |                                     | MI                     |
| Residential Street Address<br>214 Pennsylvania Ave  |  | City<br>Niantic  | State<br>CT                         | Zip Code<br>06357      |
| Principal Occupation<br>Photographer  |  | Name of Employer<br>Past to Present Antiques   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/10/2026  | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Menapace   |  | First Name<br>Nick   |                                     | MI                     |
| Residential Street Address<br>38 Hope St  |  | City<br>Niantic  | State<br>CT                         | Zip Code<br>06357      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>New London Schools   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/10/2026  | Aggregate Contributions<br>\$100.00 | \$100.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Yuhas  |  | First Name<br>Cathy  |                                     | MI                     |
| Residential Street Address<br>12 Lake Avenue Ext  |  | City<br>Niantic  | State<br>CT                         | Zip Code<br>06357      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/16/2026  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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

**B. Itemized Contributions from Individuals**

|   |  |                             |                                    |                   |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Lombardo   |  | First Name<br>Gian          |                                    | MI                |
| Residential Street Address<br>2 Hillcrest Rd  |  | City<br>Niantic             | State<br>CT                        | Zip Code<br>06357 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/22/2026 | Aggregate Contributions<br>\$50.00 | \$50.00           |

|   |  |                                     |                                     |                   |
|---|--|-------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Susco  |  | First Name<br>Sarah                 |                                     | MI                |
| Residential Street Address<br>25 Willow Ln  |  | City<br>East Lyme                   | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>Rand Whitney  |  | Name of Employer<br>Human Resources |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/28/2026         | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                                 |                                     |                   |
|---|--|---------------------------------|-------------------------------------|-------------------|
| Last Name<br>McCallister  |  | First Name<br>Scott             |                                     | MI                |
| Residential Street Address<br>7 Darrows Ct  |  | City<br>East Lyme               | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>Physician Researcher  |  | Name of Employer<br>ViiV Health |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                 | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                 |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/28/2026     | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

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

**B. Itemized Contributions from Individuals**

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Gordon   |  | First Name<br>Rich          |                                     | MI                |
| Residential Street Address<br>38 Hope St Unit 13  |  | City<br>Niantic             | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation<br>retired   |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/28/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Vilcheck   |  | First Name<br>John          |                                     | MI                |
| Residential Street Address<br>4 Meadow St   |  | City<br>Niantic             | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Collins  |  | First Name<br>Cindy         |                                     | MI                |
| Residential Street Address<br>35 Laurel St  |  | City<br>East Lyme           | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

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

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Luber  |  | First Name<br>Steve  |                                     | MI                     |
| Residential Street Address<br>2 Spencer Ave   |  | City<br>East Lyme  | State<br>CT                         | Zip Code<br>06333      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>Connecticut College  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Bekech   |  | First Name<br>Michael  |                                     | MI<br>A                |
| Residential Street Address<br>84 Hope St  |  | City<br>Niantic  | State<br>CT                         | Zip Code<br>06357      |
| Principal Occupation<br>None  |  | Name of Employer<br>Retired  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026  | Aggregate Contributions<br>\$100.00 |                        |
|   |  |  |                                     | \$100.00               |
| Last Name<br>Deeble   |  | First Name<br>Jason  |                                     | MI<br>J                |
| Residential Street Address<br>5 Mackinnon Pl  |  | City<br>East Lyme  | State<br>CT                         | Zip Code<br>06333      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>Groton Middle School   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026  | Aggregate Contributions<br>\$200.00 |                        |
|   |  |  |                                     | \$200.00               |

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

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

**B. Itemized Contributions from Individuals**

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Jacobs   |  | First Name<br>David         |                                     | MI                |
| Residential Street Address<br>8 Spencer St  |  | City<br>Niantic             | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation  |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>01/29/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                                    |                                     |                   |
|---|--|------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Maitland   |  | First Name<br>Michelle             |                                     | MI<br>E           |
| Residential Street Address<br>6 Acorn Dr  |  | City<br>Niantic                    | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation<br>Project Manager   |  | Name of Employer<br>Town of Groton |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026        | Aggregate Contributions<br>\$125.00 | \$125.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>McIntire   |  | First Name<br>Gregory       |                                     | MI                |
| Residential Street Address<br>41 Shore Rd   |  | City<br>Niantic             | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation  |  | Name of Employer<br>retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

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

**B. Itemized Contributions from Individuals**

|   |  |   |                                     |                        |
|---|--|---|-------------------------------------|------------------------|
| Last Name<br>Graham   |  | First Name<br>Susan                         |                                     | MI                     |
| Residential Street Address<br>185 Main St Apt 304   |  | City<br>Niantic                             | State<br>CT                         | Zip Code<br>06357-3253 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired                 |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026                 | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Larcen   |  | First Name<br>Stephen                       |                                     | MI                     |
| Residential Street Address<br>185 Main St Apt 304   |  | City<br>Niantic                             | State<br>CT                         | Zip Code<br>06357-3253 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired                 |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026                 | Aggregate Contributions<br>\$100.00 | \$100.00               |
| Last Name<br>Edwards  |  | First Name<br>Kerry                         |                                     | MI                     |
| Residential Street Address<br>3 Joyce Ct  |  | City<br>Niantic                             | State<br>CT                         | Zip Code<br>06357      |
| Principal Occupation<br>Teacher   |  | Name of Employer<br>Waterford School System |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |   | Amount of Contribution              |                        |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026                 | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

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

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>Purohit  |  | First Name<br>Vivek  |                                       | MI                     |
| Residential Street Address<br>48 Heritage Rd  |  | City<br>East Lyme  | State<br>CT                           | Zip Code<br>06333      |
| Principal Occupation<br>Scientist   |  | Name of Employer<br>Pfizer   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/16/2026  | Aggregate Contributions<br>\$250.00   | \$250.00               |
| Last Name<br>Scheckley  |  | First Name<br>Barry  |                                       | MI                     |
| Residential Street Address<br>21 Compass Ct   |  | City<br>Niantic  | State<br>CT                           | Zip Code<br>06357      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/17/2026  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |
| Last Name<br>Anderson   |  | First Name<br>Carolyn  |                                       | MI                     |
| Residential Street Address<br>417 Main St # 3   |  | City<br>Niantic  | State<br>CT                           | Zip Code<br>06357      |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/18/2026  | Aggregate Contributions<br>\$250.00   | \$250.00               |

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

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

**B. Itemized Contributions from Individuals**

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Alpert   |  | First Name<br>Brian         |                                     | MI                |
| Residential Street Address<br>15 Sandpiper Ln   |  | City<br>East Lyme           | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>retired   |  | Name of Employer<br>retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/20/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |  |                                     |                   |
|---|--|--|-------------------------------------|-------------------|
| Last Name<br>McGowan  |  | First Name<br>Lisa                     |                                     | MI                |
| Residential Street Address<br>33 Spinnaker Dr   |  | City<br>East Lyme                      | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>Physical Therapist  |  | Name of Employer<br>Utopia Home Health |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/20/2026            | Aggregate Contributions<br>\$100.00 | \$100.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Markovitz  |  | First Name<br>Denise        |                                     | MI                |
| Residential Street Address<br>243 Boston Post Rd  |  | City<br>East Lyme           | State<br>CT                         | Zip Code<br>06333 |
| Principal Occupation<br>retired   |  | Name of Employer<br>Retired |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>02/26/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

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

**B. Itemized Contributions from Individuals**

|   |  |                                       |                                     |                   |
|---|--|---------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Clapp  |  | First Name<br>Spencer                 |                                     | MI                |
| Residential Street Address<br>11 Chadwick Pl  |  | City<br>Niantic                       | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation<br>Retired   |  | Name of Employer<br>Retired           |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>03/01/2026           | Aggregate Contributions<br>\$100.00 | \$100.00          |
| Last Name<br>Derosa   |  | First Name<br>Peter                   |                                     | MI                |
| Residential Street Address<br>39 Lovers Ln  |  | City<br>Niantic                       | State<br>CT                         | Zip Code<br>06357 |
| Principal Occupation<br>Counselor   |  | Name of Employer<br>Natchaug Hospital |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                       | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>03/01/2026           | Aggregate Contributions<br>\$180.00 | \$100.00          |
| <b>Total of Section B</b>   |  |                                       | <b>\$4,025.00</b>                   |                   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>  |  |                                       | <b>\$4,025.00</b>                   |                   |

(Sections A &amp; B) (Total on Line 13 of Summary Page)

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme 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 | 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                   | TYPE OF REPORT             |
| East Lyme 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             |
| East Lyme Democratic Town Committee  | April 10 Filing - 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   |  |                 |
| <b>Total of Section D</b>                  |                 |           |            |  |                 |

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

|                                     |                            |
|-------------------------------------|----------------------------|
| NAME OF COMMITTEE                   | TYPE OF REPORT             |
| East Lyme 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 |                 |
| <b>Total of Section E</b> |       |          |                         |                 |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme 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 |
| <b>Total of Section F</b> |  |     |    |                      |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |                            |
|--|----------------------------|
| NAME OF COMMITTEE  | TYPE OF REPORT             |
| East Lyme Democratic Town Committee  | April 10 Filing - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |                            |
| Date of Receipt  | Amount                     |
| <b>Total of Section G</b>  |                            |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |        |
|--|--|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT   |        |
| East Lyme Democratic Town Committee  | April 10 Filing - Original   |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>Cash                      Personal Check                      Credit/Debit Card | Amount |
| <b>Total of Section H</b>  |  |        |

| <b>I. Monetary Receipts (Section A-K)</b>                                      |      |               |                            |        |
|--|------|---------------|----------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      |               | TYPE OF REPORT             |        |
| East Lyme Democratic Town Committee  |      |               | April 10 Filing - Original |        |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |                            |        |
| Name of Institution  |      | Date Received |                            | Amount |
| Street Address   | City | State         | Zip Code                   |        |
| <b>Total of Section J</b>  |      |               |                            |        |

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

| NAME OF COMMITTEE                   | TYPE OF REPORT             |
|-------------------------------------|----------------------------|
| East Lyme Democratic Town Committee | April 10 Filing - Original |

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

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

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

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

**L1. Event Information**

| Event #<br>Date of Event  | Letter | Description | Was this a fundraising event?  |          |
|---|--------|-------------|--|----------|
|   |        |             | Yes  | No       |
| Location: Street Address  |        | City        | State  | Zip Code |
| <i>Subpart 1: (All Committees)</i>  |        |             |  |          |
| Was this event hosted at a personal residence?  |        | Yes         | <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> |          |
|   |        | No          |  |          |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes         | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |          |
|   |        | No          |  |          |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes         | <i>(If yes, enter Total Receipts here.)</i>  |          |
|   |        | No          |  |          |
| <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         | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |          |
|   |        | No          |  |          |
| <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         | <i>(If yes, enter Total Receipts here.)</i>  |          |
|   |        | No          |  |          |
| <b>Total of Section L1</b>  |        |             |  |          |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme 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:                     |  |
|                   |         | <b>Business Entity</b>                | <b>Other</b>   |
|                   |         | <b>Individual/Sole Proprietorship</b> |  |
| Street Address    |         | City                                  | State      Zip Code  |
| Date Received     | Event # | Aggregate Purchases for All Events    | Amount of Program Ad Purchase      Amount of Sign Purchase |
|                   |         |                                       | <b>Total of Section L3</b>                                 |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme 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:  | Description of Donation |   | Fair Market Value of Donation |
| Business Entity     | Date Received           | Event #      Aggregate value for this event |                               |
| Individual          |                         |   |                               |
| Sole Proprietorship |                         |   |                               |
|                     |                         |   | <b>Total of Section L4</b>    |

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

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

**M. In-Kind Contributions**

|   |   |                         |  |
|---|---|-------------------------|--|
| Name  |   |                         |  |
| Peter Derosa  |   |                         |  |
| Street Address  | City  | State                   | Zip Code                               |
| 39 Lovers Ln  | Niantic   | CT                      | 06357                                  |
| Type of Contributor: <input type="checkbox"/> Committee   | Date Received   | Aggregate contributions | Description of In-Kind Contribution    |
| <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other                                       | 03/01/2026  | \$180.00                | trailer for light parade               |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No |                         | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                         | \$80.00                                |
| If yes, list Event#   | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                         |  |

**Total of Section M**

**\$80.00**

### III. Non Monetary Receipts (Sections M - O)

| NAME OF COMMITTEE                   | TYPE OF REPORT             |
|-------------------------------------|----------------------------|
| East Lyme 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<br>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             |
| East Lyme Democratic Town Committee  | April 10 Filing - Original |
| <b>P. Expenses Paid By Committee</b>   |                            |

|                                      |                               |  |                   |
|--------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>M & T Bank          | Date of Payment<br>01/09/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>124 Boston Post Rd | City<br>Waterford             | State<br>CT  | Zip Code<br>06385 |

|   |                         |         |
|---|-------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>bank fee | Event # |
|---|-------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$3.00 |

|                                    |                               |   |                   |
|------------------------------------|-------------------------------|---|-------------------|
| Name of Payee<br>USPS              | Date of Payment<br>01/09/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1051<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                   |
| Street Address<br>Boston Post Road | City<br>East Lyme             | State<br>CT   | Zip Code<br>06333 |

|  |                                |         |
|--|--------------------------------|---------|
| Purpose of Expenditure (by code)<br>OVHD | Description<br>Post office box | Event # |
|--|--------------------------------|---------|

|                               |  |          |
|-------------------------------|--|----------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount   |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$188.00 |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>01/15/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

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

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

**P. Expenses Paid By Committee**

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>01/16/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$10.30     |                   |
| Name of Payee<br>Anedot                     |  | Date of Payment<br>01/16/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |
| Name of Payee<br>Anedot                     |  | Date of Payment<br>01/16/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme Democratic Town Committee  | April 10 Filing - Original |
| <b>P. Expenses Paid By Committee</b>   |                            |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>01/16/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>01/28/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>01/28/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| East Lyme Democratic Town Committee  | April 10 Filing - Original |
| <b>P. Expenses Paid By Committee</b>   |                            |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>01/28/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$2.30 |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>02/03/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                  |         |
|---|------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>a | Event # |
|---|------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

|                                     |                               |  |                   |
|-------------------------------------|-------------------------------|--|-------------------|
| Name of Payee<br>Anedot             | Date of Payment<br>02/03/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                   |
| Street Address<br>1340 Poydras St . | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112 |

|   |                           |         |
|---|---------------------------|---------|
| Purpose of Expenditure (by code)<br>BNK | Description<br>Anedot fee | Event # |
|---|---------------------------|---------|

|                               |  |        |
|-------------------------------|--|--------|
| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  | Amount |
|                               | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

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

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

**P. Expenses Paid By Committee**

|   |   |                               |  |                       |
|---|---|-------------------------------|--|-----------------------|
| Name of Payee<br>M & T Bank                 |   | Date of Payment<br>02/09/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                       |
| Street Address<br>124 Boston Post Rd        |   | City<br>Waterford             | State<br>CT  | Zip Code<br>06385     |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Service fee  |                               |  | Event #               |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$3.00  |
| Name of Payee<br>Anedot                     |   | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                       |
| Street Address<br>1340 Poydras St .         |   | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112     |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee   |                               |  | Event #               |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$40.30 |
| Name of Payee<br>Anedot                     |   | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                       |
| Street Address<br>1340 Poydras St .         |   | City<br>New Orleans           | State<br>LA  | Zip Code<br>70112     |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee   |                               |  | Event #               |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | Amount<br><br>\$5.30  |

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

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

**P. Expenses Paid By Committee**

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |

  

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |

  

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |

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

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

**P. Expenses Paid By Committee**

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$10.30     |                   |
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/18/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$10.30     |                   |

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

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

**P. Expenses Paid By Committee**

|   |  |                               |  |             |                   |
|---|--|-------------------------------|--|-------------|-------------------|
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/25/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>anedot fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |
| Name of Payee<br>Anedot                     |  | Date of Payment<br>02/25/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>1340 Poydras St .         |  | City<br>New Orleans           |  | State<br>LA | Zip Code<br>70112 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>anedot  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$4.30      |                   |
| Name of Payee<br>M & T Bank                 |  | Date of Payment<br>03/09/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |             |                   |
| Street Address<br>124 Boston Post Rd        |  | City<br>Waterford             |  | State<br>CT | Zip Code<br>06385 |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>bank fee  |                               |  | Event #     |                   |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)  |                               |  | Amount      |                   |
|   | <input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |  | \$3.00      |                   |

**Total of Section P**

**\$336.00**

| 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?<br>Yes                  No |
| Street Address   | City        |                 | State                  Zip Code                      |
| Purpose of Expenditure (by code)   | Description | Event #         | Amount   |
| <b>Total of Section Q</b>  |             |                 |  |

| IV. EXPENDITURES   |   |  |                                 |
|--|---|--|---------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                  |
| East Lyme Democratic Town Committee  |   |  | April 10 Filing - Original      |
| R. Expenses Incurred on Committee Credit Card                                  |   |  |                                 |
| Name of Issuing Institution  |   | Type of Credit Card:<br>Visa                  Master Card                  Discover                  American Express<br>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)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)                  Independent<br>Coordinated without reimbursement sought (in-kind contribution)                  Organization                  A                  B                  C                  D |  | Amount                          |
| <b>Total of Section R</b>  |   |  |                                 |

| IV. EXPENDITURES   |   |  |                                      |
|--|---|--|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                       |
| East Lyme 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 ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> ) |  | 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 |                                      |
| <b>Total of Section S</b>  |   |  |                                      |

| IV. EXPENDITURES (Sections P - T)  |   |   |   |
|--|---|---|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |   | TYPE OF REPORT                                      |
| East Lyme 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 Addendum 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                                 |   |
| <b>Total of Section T</b>  |   |   |   |

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

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

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

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

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