

**SEEC FORM 20**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Connecticut Federation Of Democratic Women's Clubs</b>			
2. TREASURER NAME			
First <b>Jennifer</b>	MI	Last <b>Marshall-Nealy</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>57 Cliffmount Dr</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip Code <b>06002</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>April 10 Filing - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>01/01/2026</b>		thru <b>03/31/2026</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Jennifer Marshall-Nealy</b>	<b>04/01/2026 6:36:44AM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Connecticut Federation Of Democratic Women's Clubs</b>	April 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$1,057.59</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$1,057.59</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$1,100.00</b>	<b>\$1,100.00</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>\$1,100.00</b>	<b>\$1,100.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$2,157.59</b>	<b>\$2,157.59</b>
19. Expenses Paid by Committee (Section P)	<b>\$1,526.41</b>	<b>\$1,526.41</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$631.18</b>	<b>\$631.18</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>\$0.00</b>	<b>\$0.00</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
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$400.00****B. Itemized Contributions from Individuals**

Last Name Bartley		First Name Eileen		MI T
Residential Street Address 60 Brigadoon Dr		City Cheshire	State CT	Zip Code 06410
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Bhalia		First Name Vanita		MI
Residential Street Address 26 Parkland Dr		City Woodbury	State CT	Zip Code 06798
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Marjorie		First Name Chapman		MI
Residential Street Address 15 Stonehenge Pl		City Cheshire	State CT	Zip Code 06410
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Debra		First Name Dickey		MI E
Residential Street Address 10 Beval St		City Norwich	State CT	Zip Code 06360
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Eileen		First Name Driscoll		MI P
Residential Street Address 672 Forest St		City East Hartford	State CT	Zip Code 06118
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Joan		First Name Hartley		MI V
Residential Street Address 206 Columbia Blvd		City Waterbury	State CT	Zip Code 06710
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Elaine		First Name Hatcher		MI MI
Residential Street Address 83 E Morningside St		City Hartford	State CT	Zip Code 06112
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Aleta		First Name Looker		MI G
Residential Street Address 139 Cook Hill Rd		City Cheshire	State CT	Zip Code 06410
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Jennifer		First Name Marshall-Nealy		MI A
Residential Street Address 57 Cliffmount Dr		City Bloomfield	State CT	Zip Code 06002-2225
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Elizabeth		First Name Macadie		MI
Residential Street Address 23 Wales Rd		City Norwich	State CT	Zip Code 06360
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
Method of Contribution		Date Received	Aggregate Contributions	
<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		03/26/2026	\$25.00	\$25.00

Last Name Aaliyah		First Name Miller		MI
Residential Street Address 81 Cheney Ln		City East Hartford	State CT	Zip Code 06118
Principal Occupation Comm. Mgr		Name of Employer CCRG		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
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Method of Contribution		Date Received	Aggregate Contributions	
<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/26/2026	\$25.00	\$25.00

Last Name Sharon		First Name Mounds		MI D
Residential Street Address 53 C Brookwood Dr		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
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Method of Contribution		Date Received	Aggregate Contributions	
<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		03/26/2026	\$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Joyce		First Name Narden		MI C
Residential Street Address 46 Tamarack Ct		City Prospect	State CT	Zip Code 06412
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Joyce		First Name Petteway		MI C
Residential Street Address 1680 Meriden Rd Apt 18		City Waterbury	State CT	Zip Code 06705
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Russo		First Name Linda		MI A
Residential Street Address 235 E River Dr		City East Hartford	State CT	Zip Code 06108
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Edna		First Name Lewis		MI
Residential Street Address 63 S 3rd		City Meriden	State CT	Zip Code 06451
Principal Occupation This is for membership		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Patricia		First Name Sirois		MI
Residential Street Address 4 Jefferson Ln		City East Hartford	State CT	Zip Code 06118
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Amanda		First Name Starbala		MI
Residential Street Address 12 N Moodus		City Moodus	State CT	Zip Code 06469
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
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Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Garofal		First Name Skye		MI
Residential Street Address 12 N Moodus Rd		City Moodus	State CT	Zip Code 06460
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	
\$25.00				

Last Name Sullivan		First Name Joanne		MI
Residential Street Address 237 Kings Lndg		City Windsor	State CT	Zip Code 06095
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	
\$25.00				

Last Name Tate		First Name Rosamarie		MI
Residential Street Address 598 S Quaker Ln		City West Hartford	State CT	Zip Code 06110
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	
\$25.00				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Toussaint		First Name Benita		MI
Residential Street Address 45 Niles St		City Hartford	State CT	Zip Code 06105
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Taylor		First Name Ayana		MI
Residential Street Address 88 Farmstead Ln		City Windsor	State CT	Zip Code 06095
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Villa		First Name Judy		MI
Residential Street Address 2030 Danard Pl		City Cheshire	State CT	Zip Code 06410
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Washington		First Name Beverly		MI
Residential Street Address 30 Pennsylvania Ave		City Groton	State CT	Zip Code 06340
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Woolery		First Name Marsha		MI
Residential Street Address 627 Brighton Pkwy Unit 5104		City Bloomfield	State CT	Zip Code 06002
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
Last Name Yacavone		First Name Katherine		MI S
Residential Street Address 15 Cooper Valley Ct		City Cheshire	State CT	Zip Code 06410
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Connecticut Federation Of Democratic Women's Clubs				April 10 Filing - Original	
<b>B. Itemized Contributions from Individuals</b>					
Last Name Lewis		First Name Edna		MI	
Residential Street Address 63 S 3rd		City Meriden		State CT	Zip Code 06451
Principal Occupation			Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/26/2026	Aggregate Contributions \$25.00	\$25.00
<b>Total of Section B</b>					<b>\$700.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>					<b>\$1,100.00</b>

<b>I. MONETARY RECEIPTS (Section A-K)</b>					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Connecticut Federation Of Democratic Women's Clubs				April 10 Filing - Original	
<b>C1. Contributions from Other Committees</b>					
Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? If yes, list Event #		Yes No Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	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				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**D. Loans Received this Period**

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

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original	
E. Receipts from Entities other than Individuals or Other Committees ( <i>Referendum Committees ONLY</i> )				
Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<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	
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original	
F. Amount Transferred from Affiliated Business Treasury ( <i>Business Entity Committees ONLY</i> )				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
<b>Total of Section F</b>				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original	
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury ( <i>Organization Committees ONLY</i> )				
Date of Receipt	Amount			
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
<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	
Connecticut Federation Of Democratic Women's Clubs			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>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>				
NAME OF COMMITTEE			TYPE OF REPORT	
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>				
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	
Connecticut Federation Of Democratic Women's Clubs		April 10 Filing - Original	
<b>L1. Event Information</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event?  Yes                  No
Location: Street Address		City	State                  Zip Code
<i>Subpart 1: (All Committees)</i>			
Was this event hosted at a personal residence?		Yes No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
<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	
Connecticut Federation Of Democratic Women's Clubs		April 10 Filing - Original	
<b>L3. Purchases of Advertising in a Program Book or on a Sign</b>			
Name of Purchaser		Purchase Made By: <b>Business Entity                  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
Connecticut Federation Of Democratic Women's Clubs	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				

**Total of Section L4**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	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
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**M. In-Kind Contributions**

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

**Total of Section M**

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

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee National Federation of Democratic Women		Date of Payment 03/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1317 E Bridger St		City Pocatello	State ID	Zip Code 83201
Purpose of Expenditure (by code) POC	Description Dues paid to the National Federation of Democratic Women			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$224.08
Name of Payee Epicurian Feast CT General Assembly		Date of Payment 03/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1053 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 580 Main St Ste 1		City Bolton	State MA	Zip Code
Purpose of Expenditure (by code) FNDR *	Description Women in Blue Luncheon held at the Legislative Office Building			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$636.85
Name of Payee National Federation of Democratic Women		Date of Payment 03/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1052 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Attn Shantay Walton, 4813 Thronbury		City Southaven	State MS	Zip Code 38672
Purpose of Expenditure (by code) A-MAG	Description Advertisement for the Magazine Journal for the National Federation of Democratic Women's Convention in Vegas			Event # 05032014A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$200.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Diane Visconti		Date of Payment 03/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1051 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 795 Devonwood Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description Reimbursement for food purchased for the Women in Blue Luncheon in Cheshire			Event # 06162012B
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$448.73
Name of Payee Jacqui Trusty		Date of Payment 03/10/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1064 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 316 Sir Walter Dr		City Cheshire	State CT	Zip Code 06410
Purpose of Expenditure (by code) RMB	Description			Event # 06162012B
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$16.75
<b>Total of Section P</b>			<b>\$1,526.41</b>	

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			April 10 Filing - Original
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes                  No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
<b>Total of Section Q</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs			April 10 Filing - Original
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa                  Master Card                  Discover                  American Express Other	
Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)                  Independent 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
Connecticut Federation Of Democratic Women's Clubs			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> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		Amount Incurred (Estimate or Actual)
<b>Total of Section S</b>			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Connecticut Federation Of Democratic Women's Clubs			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 ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D		Amount
<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**

<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>	<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
<b>Yes</b> <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