

**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>New Fairfield Democratic Town Committee</b>   |   |                              |  |
| <b>2. TREASURER NAME</b>   |   |                              |  |
| First<br><b>John</b>   | MI<br><b>E</b>  | Last<br><b>McCartney</b>     | Suffix   |
| <b>3. TREASURER ADDRESS</b>  |   |                              |  |
| Street Address<br><b>6 Coves End</b>   | City<br><b>New Fairfield</b>  | State<br><b>CT</b>           | Zip Code<br><b>06812</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   |   | Ending Date                  |  |
| <b>01/01/2026</b>  |   | <b>03/31/2026</b>            |  |
| thru   |   |                              |  |
| <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>John McCartney</b>   | <b>04/07/2026 12:33:14PM</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>New Fairfield 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>\$10,807.84</b>    |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$10,807.84</b>                |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$100.00</b>                   | <b>\$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>\$100.00</b>                   | <b>\$100.00</b>       |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$10,907.84</b>                | <b>\$10,907.84</b>    |
| 19. Expenses Paid by Committee (Section P)  | <b>\$52.30</b>                    | <b>\$52.30</b>        |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum   | <b>\$10,855.54</b>                | <b>\$10,855.54</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             |
| New Fairfield 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>McCartney  |  | First Name<br>John   |                             | MI<br>E                             |                   |
| Residential Street Address<br>6 Coves End   |  | City<br>New Fairfield  |                             | State<br>CT                         | Zip Code<br>06812 |
| 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>03/26/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |
| <b>Total of Section B</b>   |  |  |                             |                                     | <b>\$100.00</b>   |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>   |  |  |                             |                                     | <b>\$100.00</b>   |

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| New Fairfield 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?<br>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             |
| New Fairfield 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<br>Reimbursement for shared expense<br>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             |
| New Fairfield Democratic Town Committee  | April 10 Filing - Original |

**D. Loans Received this Period**

|  |   |       |          |   |                 |
|--|---|-------|----------|---|-----------------|
| Name of Lender                             | Source of Loan:<br>Bank      Candidate      Individual      Other |       |          |   | Date of Receipt |
| Street Address                             | City  | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>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             |                 |
| New Fairfield 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             |        |
| New Fairfield 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? |    |                            | 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             |  |
| New Fairfield Democratic Town Committee   |        |  | April 10 Filing - Original |  |
| G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY) |        |  |                            |  |
| Date of Receipt   | Amount |  |                            |  |
| <b>Total of Section G</b>   |        |  |                            |  |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |        |
|--|---|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT  |        |
| New Fairfield 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   | 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             |        |
| New Fairfield 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>  |      |       |               |                            |        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                              |      |       |                     |                            |                 |
|--|------|-------|---------------------|----------------------------|-----------------|
| NAME OF COMMITTEE  |      |       |                     | TYPE OF REPORT             |                 |
| New Fairfield Democratic Town Committee                                |      |       |                     | 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             |
| New Fairfield 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<br>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<br>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<br>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<br>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<br>No   | <i>(If yes, enter Total Receipts here.)</i>  |          |

**Total of Section L1**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| New Fairfield 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 |

**Total of Section L3**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| New Fairfield 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     |                         |         |                                |                               |          |
| Individual          | Date Received           | Event # | Aggregate value for this event |                               |          |
| Sole Proprietorship |                         |         |                                |                               |          |

**Total of Section L4**

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

|  |                            |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT             |
| New Fairfield 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             |
| New Fairfield Democratic Town Committee  | 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<br>Individual / Sole Proprietorship      Other              |               |  |                                     |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>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<br>No                           | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No     | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>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             |
| New Fairfield 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          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |
| Amount of Deposit          |            |       |                   |

**Total of Section N**

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

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

**P. Expenses Paid By Committee**

|                               |                               |  |  |
|-------------------------------|-------------------------------|--|--|
| Name of Payee<br>Town Tribune | Date of Payment<br>03/26/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 371<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
|-------------------------------|-------------------------------|--|--|

|                               |                       |             |                   |
|-------------------------------|-----------------------|-------------|-------------------|
| Street Address<br>PO Box 8048 | City<br>New Fairfield | State<br>CT | Zip Code<br>06812 |
|-------------------------------|-----------------------|-------------|-------------------|

|  |                          |         |
|--|--------------------------|---------|
| Purpose of Expenditure (by code)<br>A-NEWS | Description<br>Caucus Ad | 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>\$48.00 |
|-------------------------------|---|-------------------|

|                         |                               |   |  |
|-------------------------|-------------------------------|---|--|
| Name of Payee<br>Anedot | Date of Payment<br>03/26/2026 | Method of Payment<br><input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
|-------------------------|-------------------------------|---|--|

|                                |                     |             |                   |
|--------------------------------|---------------------|-------------|-------------------|
| Street Address<br>PO Box 84314 | City<br>Baton Rouge | State<br>LA | Zip Code<br>70884 |
|--------------------------------|---------------------|-------------|-------------------|

|   |                           |         |
|---|---------------------------|---------|
| 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)<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>\$4.30 |
|-------------------------------|---|------------------|

|                           |  |                |
|---------------------------|--|----------------|
| <b>Total of Section P</b> |  | <b>\$52.30</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?<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             |
| New Fairfield 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)  |  | Amount                     |
|  | None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)                  Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)                  Organization                  A                  B                  C                  D |  |                            |
| <b>Total of Section R</b>  |  |  |                            |

| IV. EXPENDITURES   |   |  |                                      |
|--|---|--|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |   |  | TYPE OF REPORT                       |
| New Fairfield 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                              |
| New Fairfield 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        |  |
| <b>Yes</b> <b>No</b>                     |                               |  |

### Section R. ADDENDUM

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

### Section S. ADDENDUM

|   |                               |  |
|---|-------------------------------|--|
| <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> |                               |  |
| <b>Expenditure #</b>  | <b>Supported      Opposed</b> | <b>Amount of Expenditure</b>             |
| Name of Candidate or Committee  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |

### Section T. ADDENDUM

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