

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			
Killingly Democratic Town Committee			
2. TREASURER NAME			
First	MI	Last	Suffix
Robin	S	Lofquist	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239
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			
April 10 Filing - Amendment			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	01/01/2026	thru 03/31/2026	
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Robin Lofquist	05/05/2026 4:55:35PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p>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.</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	
Killingly Democratic Town Committee	April 10 Filing - Amendment	
	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		\$504.14
12. Balance on hand at the beginning of Reporting Period	\$504.14	
13. Contributions received from Individuals (Section A and B)	\$2,540.00	\$2,540.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,540.00	\$2,540.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$3,044.14	\$3,044.14
19. Expenses Paid by Committee (Section P)	\$315.90	\$315.90
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$2,728.24	\$2,728.24
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$1,350.94	\$1,350.94
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$5,500.00	

I. MONETARY RECEIPTS (Section A-K)

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

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 Rivera-Abams		First Name Lydia		MI
Residential Street Address 45 Mason Hill Rd .		City Dayville	State CT	Zip Code 06241
Principal Occupation Legal Interpreter		Name of Employer Retired		
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 #	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 01/27/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Derenthal		First Name Samantha		MI
Residential Street Address 47 Highland St .		City Plainfield	State CT	Zip Code 06354
Principal Occupation IHI		Name of Employer HR		
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 #	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/15/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Derenthal		First Name Samantha		MI
Residential Street Address 47 Highland St .		City Plainfield	State CT	Zip Code 06354
Principal Occupation IHI		Name of Employer HR		
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 #	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/16/2026	Aggregate Contributions \$140.00	\$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Zornado		First Name Lori		MI
Residential Street Address 32 Foster St .		City Danielson	State CT	Zip Code 06239
Principal Occupation Therapist		Name of Employer Self		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/16/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Lofquist		First Name Robin		MI S
Residential Street Address 25 Lafantasie Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/16/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Beman		First Name Elizabeth		MI
Residential Street Address 21 Wicker St .		City Putnam	State CT	Zip Code 06260
Principal Occupation Teacher		Name of Employer Town of Douglas, MA		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/20/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Derenthal		First Name Samantha		MI
Residential Street Address 47 Highland St .		City Plainfield	State CT	Zip Code 06354
Principal Occupation IHI		Name of Employer HR		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/24/2026	Aggregate Contributions \$180.00	\$40.00

Last Name Hayden		First Name Elizabeth		MI K
Residential Street Address 25 Picabo St		City Danielson	State CT	Zip Code 06239
Principal Occupation college professor		Name of Employer Bridgewater State University		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/26/2026	Aggregate Contributions \$60.00	\$60.00

Last Name Flexer		First Name Hoween		MI R
Residential Street Address 5 Frances Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Senior Director		Name of Employer Northeast CT Council of Govts		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/28/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Gaudreau		First Name Brandon		MI
Residential Street Address 242 State Ave		City Rogers	State CT	Zip Code 06263
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/02/2026	\$40.00	\$40.00

Last Name Chartier		First Name Beth		MI
Residential Street Address 1445 North Rd		City Dayville	State CT	Zip Code 06241
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/02/2026	\$40.00	\$40.00

Last Name Underhill		First Name Alecia		MI
Residential Street Address 182 Thompson Hill Rd .		City Thompson	State CT	Zip Code 06255
Principal Occupation Archivist		Name of Employer RISD		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/07/2026	\$60.00	\$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Hewko		First Name Michael		MI
Residential Street Address 20 John St		City Danielson	State CT	Zip Code 06239
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 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 03/07/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Grandelski		First Name Nancy		MI
Residential Street Address 877 Upper Maple St .		City Dayville	State CT	Zip Code 06241
Principal Occupation Therapist		Name of Employer Self		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/08/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Luneau		First Name Lacey		MI B
Residential Street Address 43 Red Oak Dr		City Danielson	State CT	Zip Code 06239
Principal Occupation Physician Assistant		Name of Employer Day Kimball Medical Group		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/08/2026	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
Killingly Democratic Town Committee	April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hurt		First Name Jacob		MI
Residential Street Address 6 Nugget Hill Dr		City Ledyard		State CT
Principal Occupation Officer		Name of Employer US Navy		
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 # 03132026A	<input checked="" type="checkbox"/> Yes <input 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
<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		03/08/2026	\$60.00	
			\$20.00	

Last Name Gigle		First Name Max		MI
Residential Street Address 656 Chaffeeville Rd		City Mansfield		State CT
Principal Occupation General Innovation		Name of Employer State of CT		
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 # 03132026A	<input checked="" type="checkbox"/> Yes <input 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
<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		03/08/2026	\$20.00	
			\$20.00	

Last Name Hurt		First Name Jacob		MI
Residential Street Address 6 Nugget Hill Dr		City Ledyard		State CT
Principal Occupation Officer		Name of Employer US Navy		
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 # 03132026A	<input checked="" type="checkbox"/> Yes <input 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
<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		03/08/2026	\$40.00	
			\$40.00	

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Giambattista		First Name Tony		MI S
Residential Street Address 34E Franklin St .		City Danielson	State CT	Zip Code 06239
Principal Occupation Sales Representative		Name of Employer Prime KBG		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 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 03/09/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Pempek		First Name J. Scott		MI
Residential Street Address 90 Five Mile River Rd		City Putnam	State CT	Zip Code 06260
Principal Occupation Retired		Name of Employer Self-employed		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/10/2026	Aggregate Contributions \$40.00	\$40.00

Last Name Murdock		First Name Misty		MI
Residential Street Address 53 Wright Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Physical Therapist		Name of Employer EastConn		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/10/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Dunne		First Name Cindy		MI
Residential Street Address 133 Bates Ave		City Putnam	State CT	Zip Code 06260
Principal Occupation Zoning Enforcement Officer		Name of Employer Town of Thompson		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/11/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Lannon		First Name Susan		MI
Residential Street Address 5010 Hartford Pike Ext		City Dayville	State CT	Zip Code 06241
Principal Occupation Insurance		Name of Employer Sentry Insurance		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/11/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cydylo-Bousquet		First Name Laurie		MI
Residential Street Address 163 Thompson Pike		City Dayville	State CT	Zip Code 06241
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/12/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Smith		First Name David		MI A
Residential Street Address 104 Reynolds St		City Danielson	State CT	Zip Code 06239
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 03/13/2026	Aggregate Contributions \$120.00	\$120.00

Last Name Griffiths		First Name David		MI A
Residential Street Address 70 Griffiths Rd		City Danielson	State CT	Zip Code 06239
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 03/13/2026	Aggregate Contributions \$80.00	\$80.00

Last Name Garcia		First Name Linda		MI R
Residential Street Address 300 Walnut St .		City Putnam	State CT	Zip Code 06260
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 03/13/2026	Aggregate Contributions \$300.00	\$300.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Bogdanski		First Name Michael		MI L
Residential Street Address 300 Walnut St		City Putnam	State CT	Zip Code 06260
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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		Amount of Contribution	
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 03/13/2026	Aggregate Contributions \$40.00	\$40.00

Last Name McAveney		First Name Peter		MI
Residential Street Address 22 Rogers Rd		City Hampton	State CT	Zip Code 06247
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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		Amount of Contribution	
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 03/13/2026	Aggregate Contributions \$100.00	\$100.00

Last Name Fisher		First Name Kellie		MI
Residential Street Address 94 Dam Rd		City Dayville	State CT	Zip Code 06241
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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		Amount of Contribution	
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 03/13/2026	Aggregate Contributions \$249.98	\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Kimball		First Name MaryEliza		MI
Residential Street Address Seth Kimball Rd		City Pomfret Center		State CT Zip Code 06259
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	Is 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 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		03/13/2026	\$95.00 \$20.00	

Last Name Warinsky		First Name Karen		MI
Residential Street Address 25 Tattoon Rd		City Woodstock		State CT Zip Code 06281
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	Is 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 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		03/13/2026	\$215.00 \$40.00	

Last Name Cobb		First Name Kerrissa		MI D
Residential Street Address 46 Sawmill Rd		City Dudley		State MA Zip Code 01571
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	Is 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 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		03/13/2026	\$40.00 \$40.00	

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Shea		First Name Lorel		MI
Residential Street Address 633 Liberty Hwy		City Putnam	State CT	Zip Code 06260
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 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		03/13/2026	\$95.00 \$20.00	

Last Name Cydillo-Bousquet		First Name Laurie		MI
Residential Street Address 163 Thompson Pike		City Dayville	State CT	Zip Code 06241
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 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		03/13/2026	\$40.00 \$40.00	

Last Name Kimball		First Name MaryEliza		MI
Residential Street Address Seth Kimball Rd		City Pomfret Center	State CT	Zip Code 06259
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 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		03/13/2026	\$95.00 \$75.00	

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Shea		First Name Lorel		MI
Residential Street Address 633 Liberty Hwy		City Putnam	State CT	Zip Code 06260
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/13/2026	\$95.00 \$75.00	

Last Name Gigle		First Name Max		MI
Residential Street Address 656 Chaffeeville Rd		City Mansfield	State CT	Zip Code 06268
Principal Occupation General Innovation		Name of Employer State of CT		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 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		03/13/2026	\$40.00 \$20.00	

Last Name Beman		First Name Elizabeth		MI
Residential Street Address 21 Wicker St .		City Putnam	State CT	Zip Code 06260
Principal Occupation Teacher		Name of Employer Town of Douglas, MA		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132026A	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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		03/13/2026	\$50.00 \$30.00	

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Warinsky		First Name Karen		MI
Residential Street Address 25 Tattoon Rd		City Woodstock	State CT	Zip Code 06281
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$215.00	\$175.00

Last Name Grandelski		First Name Nancy		MI
Residential Street Address 877 Upper Maple St .		City Dayville	State CT	Zip Code 06241
Principal Occupation Therapist		Name of Employer Self		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$130.00	\$90.00

Last Name Desjarlais		First Name Jennifer		MI
Residential Street Address 41 Highland St .		City Moosup	State CT	Zip Code 06354
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$45.00	\$45.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Giambattista		First Name Tony		MI
Residential Street Address 34 E Franklin St .		City Danielson	State CT	Zip Code 06239
Principal Occupation Sales Rep		Name of Employer Prime Kitchen & Bath Group		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Martin		First Name Robyn		MI
Residential Street Address 98 Andrrews Rd		City Marlborough	State MA	Zip Code 01752
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name McDonald		First Name Ian		MI D
Residential Street Address 548 Valley Rd		City Dayville	State CT	Zip Code 06241
Principal Occupation Store Mason		Name of Employer Self Employed - McDonald Stonemasonry		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$40.00	\$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Mathes		First Name Linda		MI D
Residential Street Address 86 Ledge Rd		City Dayville	State CT	Zip Code 06241
Principal Occupation Retired		Name of Employer Retired		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Cochrane		First Name Elizabeth		MI
Residential Street Address 1069 Providence Pike		City Killingly	State CT	Zip Code 06239
Principal Occupation Nurse		Name of Employer Day Kimball Healthcare		
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

Last Name Rutkin		First Name Sabine		MI
Residential Street Address 96 Geer Rd		City Danielson	State CT	Zip Code 06239
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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 03/13/2026	Aggregate Contributions \$20.00	\$20.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Killingly Democratic Town Committee

April 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Hall		First Name Jessica		MI
Residential Street Address 229 Walnut St .		City Putnam	State CT	Zip Code 06260
Principal Occupation Direct Support Professional		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 # <u>03132026A</u> <input checked="" type="checkbox"/> Yes <input 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 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 03/13/2026	Aggregate Contributions \$35.00	\$35.00
Total of Section B			\$2,540.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$2,540.00	

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

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Killingly Democratic Town Committee

April 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? Yes No		Amount of Contribution
If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution		
Expenditure # (if applicable)	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE			TYPE OF REPORT	
Killingly Democratic Town Committee			April 10 Filing - Amendment	
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	
Total of Section E				

I. MONETARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Killingly Democratic Town Committee			April 10 Filing - Amendment	
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 #	
Total of Section F				

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment

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

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

I. Monetary Receipts (Section A-K)

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

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # Date of Event	Letter A	Description Other Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 1001 Hartford Pike		City Dayville	State CT	Zip Code 06241
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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.)	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00

Event # Date of Event	Letter A	Description Fair Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 196 Kennedy Dr .		City Putnam	State CT	Zip Code 06260
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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.)	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # Date of Event 06/26/2026	Letter A	Description Fair Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 580 Hartford Pike		City Dayville	State CT	Zip Code 06241
Subpart 1: (All Committees) Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(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.)	
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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
Total of Section L1			\$0.00	

II. EVENT ACTIVITY (Sections L1 - L5)

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

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser		Purchase Made By: Business Entity Other Individual/Sole Proprietorship		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
Total of Section L3				

II. EVENT ACTIVITY (Sections L1 - L5)

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

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 Sole Proprietorship	Date Received	Event # Aggregate value for this event	

Total of Section L4

II. EVENT ACTIVITY (Sections L1 - L5)

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

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
Killingly Democratic Town Committee	April 10 Filing - Amendment

M. In-Kind Contributions

Name Anna Milot				
Street Address 16 Laurel Dr		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/07/2026	Aggregate contributions \$37.00	Description of In-Kind Contribution two bottles wine for silent auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$37.00	

Name Marc Gusky				
Street Address 1001 Hartford Pike		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$280.00	Description of In-Kind Contribution Use of Rental Hall	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$280.00	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Kellie Fisher				
Street Address 94 Dam Rd		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$249.98	Description of In-Kind Contribution Margarita Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$89.98	

Name Kellie Fisher				
Street Address 94 Dam Rd		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$249.98	Description of In-Kind Contribution Lottery Ticket Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$60.00	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Theresa Lightfoot				
Street Address 103 Jessica Ln .		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$172.03	Description of In-Kind Contribution Artist Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$172.03	

Name Lori Zornado				
Street Address 32 Foster St .		City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$265.00	Description of In-Kind Contribution Lemon Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$75.00	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Alison K Churchill				
Street Address 26 Laurel Dr .		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$100.00	Description of In-Kind Contribution Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he /she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
If yes, list Event# <u>03132026A</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

Name Lori Zornado				
Street Address 32 Foster St .		City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$265.00	Description of In-Kind Contribution Butterflies & Birds Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he /she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$125.00	
If yes, list Event# <u>03132026A</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Laurie Cydylo-Bousquet				
Street Address 163 Thompson Pike		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$135.00	Description of In-Kind Contribution Tea & Cookie Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$45.00	

Name Laurie Cydylo-Bousquet				
Street Address 163 Thompson Pike		City Dayville	State CT	Zip Code 06241
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$135.00	Description of In-Kind Contribution Gardening Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event# <u>03132026A</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$70.00	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Cindy Dunne				
Street Address 133 Bates Ave		City Putnam	State CT	Zip Code 06260
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$70.00	Description of In-Kind Contribution Gift Basket for Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$50.00	
If yes, list Event# <u>03132026A</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

Name Susan Griffiths				
Street Address 70 Griffiths Rd		City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$140.00	Description of In-Kind Contribution Gift baskets for Trivia Auction	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$140.00	
If yes, list Event# <u>03132026A</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Lori Zornado				
Street Address 32 Foster St .		City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/13/2026	Aggregate contributions \$265.00	Description of In-Kind Contribution Black Pond Brews Gift Card	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he /she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution \$25.00	
If yes, list Event# <u>03132026A</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

Name Robin S Lofquist				
Street Address 25 Lafantasie Rd		City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/26/2026	Aggregate contributions \$44.24	Description of In-Kind Contribution Get Well Card for Griffiths	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he /she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution \$4.24	
If yes, list Event#	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Robin S Lofquist			
Street Address 25 Lafantasie Rd	City Danielson	State CT	Zip Code 06239
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 03/30/2026	Aggregate contributions \$121.93	Description of In-Kind Contribution Vendor Fee for Quiet Corner Pride
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution \$77.69
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		

Total of Section M

\$1,350.94

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 02/15/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot fee for Derenthal contribution			Event # 03132026A
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 \$4.30
Name of Payee ANEDOT, INC		Date of Payment 02/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for Anedot ticket purchase for Derenthal			Event # 03132026A
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 \$1.90
Name of Payee ANEDOT, INC		Date of Payment 02/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for Anedot ticket purchase for Zornado			Event # 03132026A
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 \$1.90

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 02/16/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for purchase of Trivia tickets by Lofquist			Event # 03132026A
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 \$1.90
Name of Payee ANEDOT, INC		Date of Payment 02/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot fee for E. Beman contribution			Event # 03132026A
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 \$1.10
Name of Payee ANEDOT, INC		Date of Payment 02/24/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot fee from Derenthal ticket purchase			Event # 03132026A
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 \$1.90

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee ANEDOT, INC	Date of Payment 02/26/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from Hayden purchase of Trivia Night tickets	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$2.70
	<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	

Name of Payee ANEDOT, INC	Date of Payment 02/28/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from H. Flexer Trivia ticket purchase	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.90
	<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	

Name of Payee ANEDOT, INC	Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from B. Chartier Trivia ticket purchase	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.90
	<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	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from B. Gaudreau Trivia ticket purchase			Event # 03132026A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$1.90	
Name of Payee ANEDOT, INC		Date of Payment 03/07/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Underhill Trivia ticket purchase			Event # 03132026A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$2.70	
Name of Payee ANEDOT, INC		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) CCP	Description Fee for Grandelski Trivia ticket purchase			Event # 03132026A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$1.90	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for Luneau Trivia ticket purchase			Event # 03132026A
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 \$1.30
Name of Payee ANEDOT, INC		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for Hurt Trivia ticket purchase			Event # 03132026A
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 \$1.10
Name of Payee ANEDOT, INC		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Gige purchase of Trivia tickets			Event # 03132026A
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 \$1.10

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for Hurt Trivia ticket purchase			Event # 03132026A
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 \$1.90
Name of Payee McAveney, Peter		Date of Payment 03/08/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 22 Rogers Rd .		City Hampton	State CT	Zip Code 06247
Purpose of Expenditure (by code) FNDR *	Description Prize \$ for Trivia Contest 3/13/2026			Event # 03132026A
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 \$100.00
Name of Payee USPS		Date of Payment 03/10/2026	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 70 Water St .		City Danielson	State CT	Zip Code 06223
Purpose of Expenditure (by code) POST	Description Stamps for thank you notes, etc.			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 \$78.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Killingly Democratic Town Committee	April 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee ANEDOT, INC	Date of Payment 03/10/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from Pempek purchase of Trivia tickets	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.90
	<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	

Name of Payee ANEDOT, INC	Date of Payment 03/10/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from Murdock purchase of Trivia Tickets	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.90
	<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	

Name of Payee ANEDOT, INC	Date of Payment 03/11/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from Dunne Trivia ticket purchase	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.10
	<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	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/11/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Lannon Trivia ticket purchase			Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$1.10	
Name of Payee ANEDOT, INC		Date of Payment 03/12/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Cydylo-Bousquet Trivia ticket purchase			Event # 03132026A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$1.10	
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address 5555 Hilton Ave		City Baton Rouge		State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot Fee from Trivia Gift Basket purchase - Shea			Event # 03132026A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <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			\$3.30	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot Fee for Gift Basket purchase - Trivia			Event # 03132026A
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 \$1.50
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Trivia Gift Basket purchase - Warinsky			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 \$7.30
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Trivia Basket purchase - Grandelski			Event # 03132026A
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 \$3.90

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Desjarlais purchase of Trivia basket			Event # 03132026A
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 \$2.10
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from T. Giambattista (Trivia)			Event # 03132026A
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 \$1.10
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Martin purchase - trivia			Event # 03132026A
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 \$1.10

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from McDonald Trivia tickets purchase			Event # 03132026A
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 \$1.90
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee for trivia tix purchase -- Mathes			Event # 03132026A
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 \$1.10
Name of Payee ANEDOT, INC		Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Fee from Cochrane Trivia tix purchase			Event # 03132026A
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 \$1.10

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee ANEDOT, INC	Date of Payment 03/13/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 5555 Hilton Ave	City Baton Rouge	State LA	Zip Code 70808

Purpose of Expenditure (by code) BNK	Description Fee from Rutkin Trivia ticket purchase	Event # 03132026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$1.10
	<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	

Name of Payee Killingly Parks & Recreation	Date of Payment 03/25/2026	Method of Payment <input checked="" type="checkbox"/> Check # 1045 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 185 Broad St	City Danielson	State CT	Zip Code 06239

Purpose of Expenditure (by code) Misc *	Description Fee for booth at Killingly Fireworks 6/26/26	Event # 06262026A
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount \$75.00
	<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	

Total of Section P		\$315.90
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IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			April 10 Filing - Amendment
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Total of Section Q			

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

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Killingly Democratic Town Committee			April 10 Filing - Amendment
S. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Street Address		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D		Amount Incurred (Estimate or Actual)
Total of Section S			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Killingly Democratic Town Committee			April 10 Filing - Amendment
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P	
		Check #	Debit Card EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure #	Type of Expenditure (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D		Amount
Total of Section T			

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? Yes No	Aggregating Committees
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Section R. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
R. Expenses Incurred on Committee Credit Card - Addendum		
Expenditure #	Supported	Opposed
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

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

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