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 *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix

8. TYPE OF REPORT

April 10 Filing - Amendment

9. PERIOD COVERED

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

10. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Robin Lofquist**	**06/30/2026 1:04:17PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
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 Puchases (Section L1 Subpart 1 + Subpart 3)	**$92.75**	**$92.75**
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)	**$2,632.75**	**$2,632.75**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$3,136.89**	**$3,136.89**
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)	**$2,820.99**	**$2,820.99**
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	First Name	MI
Rivera-Abams	Lydia	

Residential Street Address	City	State	Zip Code
45 Mason Hill Rd .	Dayville	CT	06241

Principal Occupation	Name of Employer
Legal Interpreter	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

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

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

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

Date Received	Aggregate Contributions	Amount of Contribution
01/27/2026	$50.00	$50.00

Last Name	First Name	MI
Derenthal	Samantha	

Residential Street Address	City	State	Zip Code
47 Highland St .	Plainfield	CT	06354

Principal Occupation	Name of Employer
IHI	HR

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/15/2026	$100.00	$100.00

Last Name	First Name	MI
Lofquist	Robin	S

Residential Street Address	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/16/2026	$40.00	$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Derenthal	Samantha	

Residential Street Address	City	State	Zip Code
47 Highland St .	Plainfield	CT	06354

Principal Occupation	Name of Employer
IHI	HR

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/16/2026	$140.00	$40.00

Last Name	First Name	MI
Zornado	Lori	

Residential Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

Principal Occupation	Name of Employer
Therapist	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/16/2026	$40.00	$40.00

Last Name	First Name	MI
Beman	Elizabeth	

Residential Street Address	City	State	Zip Code
21 Wicker St .	Putnam	CT	06260

Principal Occupation	Name of Employer
Teacher	Town of Douglas, MA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
02/20/2026	$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	First Name	MI
Derenthal	Samantha	

Residential Street Address	City	State	Zip Code
47 Highland St .	Plainfield	CT	06354

Principal Occupation	Name of Employer
IHI	HR

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
02/24/2026	$180.00

Last Name	First Name	MI
Hayden	Elizabeth	K

Residential Street Address	City	State	Zip Code
25 Picabo St	Danielson	CT	06239

Principal Occupation	Name of Employer
college professor	Bridgewater State University

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $60.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
02/26/2026	$60.00

Last Name	First Name	MI
Flexer	Hoween	R

Residential Street Address	City	State	Zip Code
5 Frances Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Senior Director	Northeast CT Council of Govts

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
02/28/2026	$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	First Name	MI
Chartier	Beth	

Residential Street Address	City	State	Zip Code
1445 North Rd	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$40.00	$40.00

Last Name	First Name	MI
Gaudreau	Brandon	

Residential Street Address	City	State	Zip Code
242 State Ave	Rogers	CT	06263

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/02/2026	$40.00	$40.00

Last Name	First Name	MI
Hewko	Michael	

Residential Street Address	City	State	Zip Code
20 John St	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/07/2026	$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	First Name	MI
Underhill	Alecia	

Residential Street Address	City	State	Zip Code
182 Thompson Hill Rd .	Thompson	CT	06255

Principal Occupation	Name of Employer
Archivist	RISD

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/07/2026	$60.00	$60.00

Last Name	First Name	MI
Hurt	**Jacob**	

Residential Street Address	City	State	Zip Code
6 Nugget Hill Dr	**Ledyard**	**CT**	**06335**

Principal Occupation	Name of Employer
Officer	**US Navy**

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # **03132026A**

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	**$40.00**	**$40.00**

Last Name	First Name	MI
Gigle	Max	

Residential Street Address	City	State	Zip Code
656 Chaffeeville Rd	Mansfield	CT	06268

Principal Occupation	Name of Employer
General Innovation	State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/08/2026	$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	First Name	MI
~~Hurt~~	~~Jacob~~	

Residential Street Address	City	State	Zip Code
~~6 Nugget Hill Dr~~	~~Ledyard~~	~~CT~~	~~06335~~

Principal Occupation	Name of Employer
~~Officer~~	~~US Navy~~

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: ~~$20.00~~

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # ~~03132026A~~

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

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

Date Received: ~~03/08/2026~~

Aggregate Contributions: ~~$60.00~~

Last Name	First Name	MI
Luneau	Lacey	B

Residential Street Address	City	State	Zip Code
43 Red Oak Dr	Danielson	CT	06239

Principal Occupation	Name of Employer
Physician Assistant	Day Kimball Medical Group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $25.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received: 03/08/2026

Aggregate Contributions: $25.00

Last Name	First Name	MI
Grandelski	Nancy	

Residential Street Address	City	State	Zip Code
877 Upper Maple St .	Dayville	CT	06241

Principal Occupation	Name of Employer
Therapist	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received: 03/08/2026

Aggregate Contributions: $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	First Name	MI
Giambattista	Tony	S

Residential Street Address	City	State	Zip Code
34E Franklin St .	Danielson	CT	06239

Principal Occupation	Name of Employer
Sales Representative	Prime KBG

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/09/2026	$100.00

Last Name	First Name	MI
Murdock	Misty	

Residential Street Address	City	State	Zip Code
53 Wright Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Physical Therapist	EastConn

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/10/2026	$40.00

Last Name	First Name	MI
Pempek	J. Scott	

Residential Street Address	City	State	Zip Code
90 Five Mile River Rd	Putnam	CT	06260

Principal Occupation	Name of Employer
Retired	Self-employed

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/10/2026	$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	First Name	MI
Lannon	Susan	

Residential Street Address	City	State	Zip Code
5010 Hartford Pike Ext	Dayville	CT	06241

Principal Occupation	Name of Employer
Insurance	Sentry Insurance

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/11/2026	$20.00	$20.00

Last Name	First Name	MI
Dunne	Cindy	

Residential Street Address	City	State	Zip Code
133 Bates Ave	Putnam	CT	06260

Principal Occupation	Name of Employer
Zoning Enforcement Officer	Town of Thompson

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/11/2026	$20.00	$20.00

Last Name	First Name	MI
Cydylo-Bousquet	Laurie	

Residential Street Address	City	State	Zip Code
163 Thompson Pike	Dayville	CT	06241

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/12/2026	$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	First Name	MI
Hall	Jessica	

Residential Street Address	City	State	Zip Code
229 Walnut St .	Putnam	CT	06260

Principal Occupation	Name of Employer
Direct Support Professional	

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$35.00	$35.00

Last Name	First Name	MI
Rutkin	Sabine	

Residential Street Address	City	State	Zip Code
96 Geer Rd	Danielson	CT	06239

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$20.00	$20.00

Last Name	First Name	MI
Cochrane	Elizabeth	

Residential Street Address	City	State	Zip Code
1069 Providence Pike	Killingly	CT	06239

Principal Occupation	Name of Employer
Nurse	Day Kimball Healthcare

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$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	First Name	MI
Mathes	Linda	D

Residential Street Address	City	State	Zip Code
86 Ledge Rd	Dayville	CT	06241

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$20.00	$20.00

Last Name	First Name	MI
McDonald	Ian	D

Residential Street Address	City	State	Zip Code
548 Valley Rd	Dayville	CT	06241

Principal Occupation	Name of Employer
Store Mason	Self Employed - McDonald Stonemasonry

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

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

Last Name	First Name	MI
Martin	Robyn	

Residential Street Address	City	State	Zip Code
98 Andrrews Rd	Marlborough	MA	01752

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$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	First Name	MI
Giambattista	Tony	

Residential Street Address	City	State	Zip Code
34 E Franklin St .	Danielson	CT	06239

Principal Occupation	Name of Employer
Sales Rep	Prime Kitchen & Bath Group

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$20.00	$20.00

Last Name	First Name	MI
Desjarlais	Jennifer	

Residential Street Address	City	State	Zip Code
41 Highland St .	Moosup	CT	06354

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$45.00	$45.00

Last Name	First Name	MI
Grandelski	Nancy	

Residential Street Address	City	State	Zip Code
877 Upper Maple St .	Dayville	CT	06241

Principal Occupation	Name of Employer
Therapist	Self

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$130.00	$90.00

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	First Name	MI
Warinsky	Karen	

Residential Street Address	City	State	Zip Code
25 Tattoon Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$215.00	$175.00

Last Name	First Name	MI
Beman	Elizabeth	

Residential Street Address	City	State	Zip Code
21 Wicker St .	Putnam	CT	06260

Principal Occupation	Name of Employer
Teacher	Town of Douglas, MA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$50.00	$30.00

Last Name	First Name	MI
Gigle	Max	

Residential Street Address	City	State	Zip Code
656 Chaffeeville Rd	Mansfield	CT	06268

Principal Occupation	Name of Employer
General Innovation	State of CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$40.00	$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	First Name	MI
Shea	Lorel	

Residential Street Address	City	State	Zip Code
633 Liberty Hwy	Putnam	CT	06260

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$95.00

Last Name	First Name	MI
Kimball	MaryEliza	

Residential Street Address	City	State	Zip Code
Seth Kimball Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $75.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$95.00

Last Name	First Name	MI
Cydillo-Bousquet	Laurie	

Residential Street Address	City	State	Zip Code
163 Thompson Pike	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$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	First Name	MI
Shea	Lorel	

Residential Street Address	City	State	Zip Code
633 Liberty Hwy	Putnam	CT	06260

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $20.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$95.00

Last Name	First Name	MI
Cobb	Kerrissa	D

Residential Street Address	City	State	Zip Code
46 Sawmill Rd	Dudley	MA	01571

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$40.00

Last Name	First Name	MI
Warinsky	Karen	

Residential Street Address	City	State	Zip Code
25 Tattoon Rd	Woodstock	CT	06281

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $40.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions
03/13/2026	$215.00

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	First Name	MI
Kimball	MaryEliza	

Residential Street Address	City	State	Zip Code
Seth Kimball Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$95.00	$20.00

Last Name	First Name	MI
Fisher	Kellie	

Residential Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$249.98	$100.00

Last Name	First Name	MI
McAveney	Peter	

Residential Street Address	City	State	Zip Code
22 Rogers Rd	Hampton	CT	06247

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

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

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	First Name	MI
Bogdanski	Michael	L

Residential Street Address	City	State	Zip Code
300 Walnut St	Putnam	CT	06260

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

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

Last Name	First Name	MI
Garcia	Linda	R

Residential Street Address	City	State	Zip Code
300 Walnut St .	Putnam	CT	06260

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$300.00	$300.00

Last Name	First Name	MI
Griffiths	David	A

Residential Street Address	City	State	Zip Code
70 Griffiths Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

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

Date Received	Aggregate Contributions	Amount of Contribution
03/13/2026	$80.00	$80.00

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	First Name	MI
Smith	David	A

Residential Street Address	City	State	Zip Code
104 Reynolds St	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	Retired

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 03132026A

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	03/13/2026	$120.00	$120.00

Total of Section B	**$2,540.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$2,540.00**

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address

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

Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
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 *(Referendum Committees ONLY)*

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
			Total of Section E	

I. MONETARY RECEIPTS (Section A-K)

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

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event #	Amount
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

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

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

Date of Receipt	Amount
Total of Section G	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
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	Description	Was this a fundraising event?
03/13/2026	A	Other Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
1001 Hartford Pike	Dayville	CT	06241

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [ ] Yes [X] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [ ] Yes [X] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
05/02/2026	A	Fair Event	[ ] Yes [X] No

Location: Street Address	City	State	Zip Code
196 Kennedy Dr .	Putnam	CT	06260

Subpart 1: (All Committees)

Was this event hosted at a personal residence? [ ] Yes [X] No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100? [ ] Yes [X] No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? [ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? [ ] Yes [X] No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? [ ] Yes [X] 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	Letter	Description	Was this a fundraising event?
06/26/2026	A	Fair Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
580 Hartford Pike	Dayville	CT	06241

Subpart 1: (All Committees)

Was this event hosted at a personal residence?
[ ] Yes [X] No
(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?
[ ] Yes [X] No
(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?
[ ] Yes [X] No
(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
[ ] Yes [X] No
(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
[X] Yes [ ] No
(If yes, enter Total Receipts here.) $92.75

Total of Section L1	**$92.75**

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: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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	City	State	Zip Code
16 Laurel Dr	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $37.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Marc Gusky

Street Address	City	State	Zip Code
1001 Hartford Pike	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $280.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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: Kellie Fisher

Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $89.98

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Kellie Fisher

Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $60.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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: Theresa Lightfoot

Street Address	City	State	Zip Code
103 Jessica Ln .	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

$172.03

Name: Lori Zornado

Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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	City	State	Zip Code
26 Laurel Dr .	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Lori Zornado

Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $125.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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	City	State	Zip Code
163 Thompson Pike	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $45.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Laurie Cydylo-Bousquet

Street Address	City	State	Zip Code
163 Thompson Pike	Dayville	CT	06241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $70.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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: Cindy Dunne

Street Address	City	State	Zip Code
133 Bates Ave	Putnam	CT	06260

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $50.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Susan Griffiths

Street Address	City	State	Zip Code
70 Griffiths Rd	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $140.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $25.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 03132026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

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

Name: Robin S Lofquist

Street Address	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $4.24

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] 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? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $77.69

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] 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	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section N	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/15/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Anedot fee for Derenthal contribution	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$4.30

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/16/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee for Anedot ticket purchase for Derenthal	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/16/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee for Anedot ticket purchase for Zornado	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$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	Date of Payment	Method of Payment
ANEDOT, INC	02/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee for purchase of Trivia tickets by Lofquist	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/20/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Anedot fee for E. Beman contribution	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/24/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Anedot fee from Derenthal ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	02/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Hayden purchase of Trivia Night tickets	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$2.70

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	02/28/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from H. Flexer Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from B. Chartier Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from B. Gaudreau Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/07/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Underhill Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$2.70

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
CCP	Fee for Grandelski Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee for Luneau Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.30

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~03/08/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee for Hurt Trivia ticket purchase~~	~~03132026A~~

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ ~~X~~ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	~~$1.10~~

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Gigle purchase of Trivia tickets	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	**03/08/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
BNK	**Fee for Hurt Trivia ticket purchase**	**03132026A**

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	**$1.90**

Name of Payee	Date of Payment	Method of Payment
McAveney, Peter	**03/08/2026**	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
22 Rogers Rd .	**Hampton**	**CT**	**06247**

Purpose of Expenditure (by code)	Description	Event #
FNDR *	**Prize $ for Trivia Contest 3/13/2026**	**03132026A**

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	**$100.00**

Name of Payee	Date of Payment	Method of Payment
USPS	03/10/2026	☐ Check # ☒ Debit Card ☐ EFT

Street Address	City	State	Zip Code
70 Water St .	Danielson	CT	06223

Purpose of Expenditure (by code)	Description	Event #
POST	Stamps for thank you notes, etc.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Pempek purchase of Trivia tickets	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/10/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Murdock purchase of Trivia Tickets	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Dunne Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/11/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Lannon Trivia ticket purchase	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Cydylo-Bousquet Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Anedot Fee from Trivia Gift Basket purchase - Shea	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Anedot Fee for Gift Basket purchase - Trivia	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.50

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Trivia Gift Basket purchase - Warinsky	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$7.30

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Trivia Basket purchase - Grandelski	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Desjarlais purchase of Trivia basket	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$2.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from T. Giambattista (Trivia)	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Martin purchase - trivia	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from McDonald Trivia tickets purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.90

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee for trivia tix purchase -- Mathes	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1.10

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Cochrane Trivia tix purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	Date of Payment	Method of Payment
ANEDOT, INC	03/13/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	Baton Rouge	LA	70808

Purpose of Expenditure (by code)	Description	Event #
BNK	Fee from Rutkin Trivia ticket purchase	03132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1.10

Name of Payee	Date of Payment	Method of Payment
Killingly Parks & Recreation	03/25/2026	[X] Check # 1045 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
185 Broad St	Danielson	CT	06239

Purpose of Expenditure (by code)	Description	Event #
Misc *	Fee for booth at Killingly Fireworks 6/26/26	06262026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$75.00

Total of Section P	**$315.90**

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 *(Itemization in Addendum S Required unless "None of the below" is checked)*			Amount Incurred (Estimate or Actual)
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization : A B C D		
			Total of Section S	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
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 (Itemization in Addendem T Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization: A B C D		
			Total of Section T	

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

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

Are Limits Aggregated? **Yes** **No**	Aggregating Committees

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section S. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section T. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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