

SEEC FORM 20

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



Electronic Filing

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COVER PAGE

|                                                                                                                                                                                                                                                                    |                                                         |                      |                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                               |                                                         |                      |                                    |
| Beacon Falls Democratic Town Committee                                                                                                                                                                                                                             |                                                         |                      |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                                  |                                                         |                      |                                    |
| First                                                                                                                                                                                                                                                              | MI                                                      | Last                 | Suffix                             |
| Christopher                                                                                                                                                                                                                                                        | J                                                       | Bielik               |                                    |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                               |                                                         |                      |                                    |
| Street Address                                                                                                                                                                                                                                                     | City                                                    | State                | Zip Code                           |
| 119 Rice Lane Ext                                                                                                                                                                                                                                                  | Beacon Falls                                            | CT                   | 06403                              |
| 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                                                                                                                                                                                                                                                  |                                                         |                      |                                    |
| January 10 Filing - Original                                                                                                                                                                                                                                       |                                                         |                      |                                    |
| 9. PERIOD COVERED                                                                                                                                                                                                                                                  |                                                         |                      |                                    |
| Beginning Date                      Ending Date                                                                                                                                                                                                                    |                                                         |                      |                                    |
| 10/27/2025                      thru                      12/31/2025                                                                                                                                                                                               |                                                         |                      |                                    |
| 10. CERTIFICATION                                                                                                                                                                                                                                                  |                                                         |                      |                                    |
| <div><input checked="" type="checkbox"/></div> 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                                                                                                                                                                                                                                                  | Christopher Bielik                                      | 01/09/2026 1:35:14PM |                                    |
| 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               |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------|
| <b>Beacon Falls Democratic Town Committee</b>                                                                                                               | January 10 Filing - Original |                       |
|                                                                                                                                                             | COLUMN A<br>This Period      | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |                              | <b>\$806.88</b>       |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                    | <b>\$2,221.41</b>            |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                               | <b>\$638.00</b>              | <b>\$3,798.00</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                     | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)                                                                                                           | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                                 | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                      |                              |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                     | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                           | <b>\$638.00</b>              | <b>\$3,798.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                      | <b>\$2,859.41</b>            | <b>\$4,604.88</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                                  | <b>\$1,567.37</b>            | <b>\$3,312.84</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)                                                             | <b>\$1,292.04</b>            | <b>\$1,292.04</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                    | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)                                                                               | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)                                                                                                              | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)                                                                                                     | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25. Loan Balance                                                                                                                                            | <b>\$0.00</b>                |                       |
| 25a. + Loans Received (Section D)                                                                                                                           | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)                                                                                                                    | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25c. - Payments on Loan                                                                                                                                     | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount                                                                                                                          | <b>\$0.00</b>                |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)                                                                                                         | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)                                                                                                  | <b>\$0.00</b>                | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)                                                                              | <b>\$0.00</b>                |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)                                                                              | <b>\$0.00</b>                |                       |

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

|                                                                                |                              |
|--------------------------------------------------------------------------------|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

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

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$393.00****B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                       |                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Last Name<br>McDuffie                                                                                                                                                                                       |                                                                        | First Name<br>Kevin                                                                                                                                                                                                                   |                         | MI<br>M                |
| Residential Street Address<br>344 Bethany Rd                                                                                                                                                                |                                                                        | City<br>Beacon Falls                                                                                                                                                                                                                  | State<br>CT             | Zip Code<br>06403      |
| Principal Occupation<br>Retired                                                                                                                                                                             |                                                                        | Name of Employer<br>Retired                                                                                                                                                                                                           |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                      |                         |                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                               |                         |                        |
| Method of Contribution                                                                                                                                                                                      |                                                                        | Date Received                                                                                                                                                                                                                         | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 11/02/2025                                                                                                                                                                                                                            | \$35.00                 | \$35.00                |

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                       |                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Last Name<br>Betkoski                                                                                                                                                                                       |                                                                        | First Name<br>John                                                                                                                                                                                                                    |                         | MI                     |
| Residential Street Address<br>118 Munson Rd                                                                                                                                                                 |                                                                        | City<br>Beacon Falls                                                                                                                                                                                                                  | State<br>CT             | Zip Code<br>06403      |
| Principal Occupation<br>Utility Commissioner                                                                                                                                                                |                                                                        | Name of Employer<br>State of CT                                                                                                                                                                                                       |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                      |                         |                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                               |                         |                        |
| Method of Contribution                                                                                                                                                                                      |                                                                        | Date Received                                                                                                                                                                                                                         | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 11/02/2025                                                                                                                                                                                                                            | \$70.00                 | \$70.00                |

|                                                                                                                                                                                                             |                                                                        |                                                                                                                                                                                                                                       |                         |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------|
| Last Name<br>Lembo                                                                                                                                                                                          |                                                                        | First Name<br>Victor                                                                                                                                                                                                                  |                         | MI<br>M                |
| Residential Street Address<br>46 Bonna St                                                                                                                                                                   |                                                                        | City<br>Beacon Falls                                                                                                                                                                                                                  | State<br>CT             | Zip Code<br>06403      |
| Principal Occupation                                                                                                                                                                                        |                                                                        | Name of Employer                                                                                                                                                                                                                      |                         |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                                                                                        | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |                         | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                               | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                      |                         |                        |
|                                                                                                                                                                                                             |                                                                        | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                               |                         |                        |
| Method of Contribution                                                                                                                                                                                      |                                                                        | Date Received                                                                                                                                                                                                                         | Aggregate Contributions |                        |
| <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                        | 11/02/2025                                                                                                                                                                                                                            | \$70.00                 | \$70.00                |

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

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

Beacon Falls Democratic Town Committee

TYPE OF REPORT

January 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                   |  |                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--------------------------|
| Last Name<br><b>Northrup</b>                                                                                                                                                                                                          |  | First Name<br><b>Shawn</b>                                                                                                                                                                                                                                                                        |  | MI<br><b>E</b>         |                          |
| Residential Street Address<br><b>98G Highland Ave</b>                                                                                                                                                                                 |  | City<br><b>Beacon Falls</b>                                                                                                                                                                                                                                                                       |  | State<br><b>CT</b>     | Zip Code<br><b>06403</b> |
| Principal Occupation<br><b>Registrar of Voters</b>                                                                                                                                                                                    |  | Name of Employer<br><b>Town of Beacon Falls</b>                                                                                                                                                                                                                                                   |  |                        |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | Amount of Contribution |                          |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <input checked="" type="checkbox"/> No                                                                                                  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No                   |  |                        |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>11/02/2025</b>                                                                                                                                                                                                                                                                |  |                        |                          |
|                                                                                                                                                                                                                                       |  | Aggregate Contributions<br><b>\$70.00</b>                                                                                                                                                                                                                                                         |  | <b>\$70.00</b>         |                          |
| <b>Total of Section B</b>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                   |  |                        | <b>\$245.00</b>          |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)                                                                                                                                |  |                                                                                                                                                                                                                                                                                                   |  |                        | <b>\$638.00</b>          |

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

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

Beacon Falls Democratic Town Committee

TYPE OF REPORT

January 10 Filing - Original

**C1. Contributions from Other Committees**

|                            |       |                                                                                                         |                   |                        |  |
|----------------------------|-------|---------------------------------------------------------------------------------------------------------|-------------------|------------------------|--|
| Name of Committee          |       |                                                                                                         | Name of Treasurer |                        |  |
| Address                    |       | Is this contribution associated with an event reported in Section L1?<br>Yes No<br>If yes, list Event # |                   | Amount of Contribution |  |
| City                       | State | Zip Code                                                                                                | Date Received     |                        |  |
| <b>Total of Section C1</b> |       |                                                                                                         |                   |                        |  |

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

|                                        |                              |
|----------------------------------------|------------------------------|
| NAME OF COMMITTEE                      | TYPE OF REPORT               |
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

**C2. Reimbursements or Surplus Distributions from other Committees**

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

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

|                                                                                |                              |
|--------------------------------------------------------------------------------|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**D. Loans Received this Period**

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

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

| NAME OF COMMITTEE                      | TYPE OF REPORT               |
|----------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

**E. Receipts from Entities other than Individuals or Other Committees (*Referendum Committees ONLY*)**

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

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

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

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

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

| NAME OF COMMITTEE                      | TYPE OF REPORT               |
|----------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

**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               |
|----------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

**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 |        |
| <b>Total of Section H</b> |                                                                                 |        |

**I. Monetary Receipts (Section A-K)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**J. Interest from Deposits in Authorized Accounts**

| Name of Institution       | Date Received | Amount              |
|---------------------------|---------------|---------------------|
| Street Address            | City          | State      Zip Code |
| <b>Total of Section J</b> |               |                     |

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

| NAME OF COMMITTEE                      | TYPE OF REPORT               |
|----------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

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

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

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

|                                                                                                                                             |        |                              |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                              |        | TYPE OF REPORT               |                                                                                                                                                                                                                 |
| Beacon Falls Democratic Town Committee                                                                                                      |        | January 10 Filing - Original |                                                                                                                                                                                                                 |
| <b>L1. Event Information</b>                                                                                                                |        |                              |                                                                                                                                                                                                                 |
| Event #<br>Date of Event                                                                                                                    | Letter | Description                  | Was this a fundraising event?<br>Yes No                                                                                                                                                                         |
| Location: Street Address                                                                                                                    |        | City                         | State Zip Code                                                                                                                                                                                                  |
| Subpart 1: (All Committees)                                                                                                                 |        |                              |                                                                                                                                                                                                                 |
| Was this event hosted at a personal residence?                                                                                              |        | Yes No                       | (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.) |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes No                       | (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)                                                                                                    |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes No                       | (If yes, enter Total Receipts here.)                                                                                                                                                                            |
| 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 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 No                       | (If yes, enter Total Receipts here.)                                                                                                                                                                            |
| Total of Section L1                                                                                                                         |        |                              |                                                                                                                                                                                                                 |

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

|                                                                                |         |                                                                              |                                                       |
|--------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         | TYPE OF REPORT                                                               |                                                       |
| Beacon Falls Democratic Town Committee                                         |         | January 10 Filing - Original                                                 |                                                       |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |                                                                              |                                                       |
| Name of Purchaser                                                              |         | Purchase Made By:<br>Business Entity Other<br>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               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**L4. In-Kind Donations Not Considered Contributions**

Name of the Donor

|                     |                         |                               |                                |
|---------------------|-------------------------|-------------------------------|--------------------------------|
| Street Address      | City                    | State                         | Zip Code                       |
| Donation Given by:  | Description of Donation | Fair Market Value of Donation |                                |
| Business Entity     |                         |                               |                                |
| Individual          | Date Received           | Event #                       | Aggregate value for this event |
| Sole Proprietorship |                         |                               |                                |

**Total of Section L4****II. EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

|                         |                                                                |                                                     |                                             |
|-------------------------|----------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| Name of the Host        | Is this event supporting more than one candidate or committee? |                                                     |                                             |
|                         | Yes                                                            | No                                                  | If yes, complete Itemization in Addendum L5 |
| Street Address          | City                                                           | State                                               | Zip Code                                    |
| Description of Donation |                                                                |                                                     | Fair Market Value of Donation               |
| Event #                 | Aggregate value of this Event - all hosts                      | Aggregate value of all Events - this host/candidate |                                             |

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**M. In-Kind Contributions**

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

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

| NAME OF COMMITTEE                      | TYPE OF REPORT               |
|----------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee | January 10 Filing - Original |

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

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

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

TYPE OF REPORT

Beacon Falls Democratic Town Committee

January 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>US Past Office                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>10/28/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                        |
| Street Address<br>101 N Main St                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Beacon Falls          | State<br>CT                                                                                                                               | Zip Code<br>06403-9998 |
| Purpose of Expenditure (by code)<br><br>POST   | Description<br>Postage cost of mailers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$679.74 |
| Name of Payee<br>Twisted Vine                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>10/28/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1077<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>285 Main St                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Derby                 | State<br>CT                                                                                                                               | Zip Code<br>06418      |
| Purpose of Expenditure (by code)<br><br>FNDR * | Description<br>Cost share of joint fund raiser with Derby, Ansonia, and Seymour DTC's                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$300.00 |
| Name of Payee<br>Arrow printers                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>10/29/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                        |
| Street Address<br>311 Main St                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Ansonia               | State<br>CT                                                                                                                               | Zip Code<br>06401      |
| Purpose of Expenditure (by code)<br><br>A-SIGN | Description<br>Municipal Election signs and accessories                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$437.63 |

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

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

TYPE OF REPORT

Beacon Falls Democratic Town Committee

January 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee

Victor Lembo

Date of Payment

11/02/2025

Method of Payment

☒

Check # 1078

☐

Debit Card

☐

EFT

Street Address

46 Bonna St

City

Beacon Falls

State

CT

Zip Code

06403

Purpose of  
Expenditure (by code)

RMB

Description

Reimbursement for cost of 2025 Municipal Election signs and accessories

Event #

Expenditure #  
(if applicable)

Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$150.00

**Total of Section P****\$1,567.37****IV. EXPENDITURES (Sections P - T)**

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

TYPE OF REPORT

January 10 Filing - Original

**Q. Campaign Expenses Paid By Candidate**

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Yes

No

Street Address

City

State

Zip Code

Purpose of Expenditure  
(by code)

Description

Event #

Amount

**Total of Section Q**

**IV. EXPENDITURES**

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

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |                              |                                      |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|------------------------------|--------------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      | <b>TYPE OF REPORT</b>        |                                      |
| Beacon Falls Democratic Town Committee                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      | January 10 Filing - Original |                                      |
| <b>S. Expenses Incurred By Committee but Not Paid During this Period</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |                              |                                      |
| 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)<br><br><div> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Coordinated without reimbursement sought (in-kind contribution)</div> </div> <div> <div>Independent</div> <div>Organization :</div> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div> |  |      |                              | Amount Incurred (Estimate or Actual) |
| <b>Total of Section S</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |                              |                                      |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT               |
|--------------------------------------------------------------------------------|------------------------------|
| Beacon Falls Democratic Town Committee                                         | January 10 Filing - Original |

**T. Itemization of Reimbursements and Secondary Payees**

|                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                |                                                           |                        |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------|
| Last Name of Worker/Consultant<br>Lembo                                                         | First<br>Victor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MI                                                                                                                                                                                             | Date of Payment to Vendor, Person or Entity<br>11/02/2025 |                        |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>Grand Concepts          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Payment to Reimburse Committee Worker/Consultant as reported in Section P<br><input checked="" type="checkbox"/> Check # 1078 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                                                           |                        |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant<br>756 Derby Ave |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City<br>Seymour                                                                                                                                                                                | State<br>CT                                               | Zip Code<br>06483      |
| Purpose of Expenditure (by code)<br>A-SIGN                                                      | Description<br>Municipal Election signs and accessories                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                |                                                           | Event #                |
| Expenditure #                                                                                   | Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                                                                                                                                                                                                |                                                           | Amount<br><br>\$150.00 |

**Total of Section T****\$150.00****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                           |                              |
|                                                 |                               |                                          |                              |
| <b>P. Expenses Paid By Committee - Addendum</b> |                               |                                          |                              |
| <b>Expenditure #</b>                            | <b>Supported</b>              | <b>Opposed</b>                           | <b>Amount of Expenditure</b> |
| Name of Candidate or Committee                  | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                              |
| Are Limits Aggregated?<br><b>Yes</b> <b>No</b>  | Aggregating Committees        |                                          |                              |

### Section R. ADDENDUM

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

| 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 |