

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			
Clinton Democratic Town Committee			
2. TREASURER NAME			
First	MI	Last	Suffix
Michael	J	Rossi	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
3 Kings Grant Rd	Clinton	CT	06413
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 - Amendment			
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/27/2025		thru 12/31/2025	
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Michael Rossi	08/05/2026 2:52:00PM	
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	
Clinton Democratic Town Committee	January 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$1,867.65
12. Balance on hand at the beginning of Reporting Period	\$3,781.95	
13. Contributions received from Individuals (Section A and B)	\$445.00	\$7,561.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$1,500.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$445.00	\$9,061.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$4,226.95	\$10,928.65
19. Expenses Paid by Committee (Section P)	\$2,895.71	\$9,597.41
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$1,331.24	\$1,331.24
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$479.52
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

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

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$0.00**B. Itemized Contributions from Individuals**

Last Name O'Rourke		First Name Sharon		MI
Residential Street Address 308 Farms Dr .		City Burlington	State MA	Zip Code 01813
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		☐ Yes ☐ No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		☐ Yes ☒ No ☐ Executive ☐ Legislative
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 10/27/2025	Aggregate Contributions \$25.00	Amount of Contribution \$25.00

Last Name Scherban		First Name John		MI S
Residential Street Address 5 Whitewood Rd		City Clinton	State CT	Zip Code 06413
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		☐ Yes ☐ No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		☐ Yes ☒ No ☐ Executive ☐ Legislative
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 10/29/2025	Aggregate Contributions \$100.00	Amount of Contribution \$100.00

Last Name Cherniack		First Name Martin		MI G
Residential Street Address 73 Commerce St .		City Clinton	State CT	Zip Code 06413
Principal Occupation Doctor		Name of Employer UCONN Health Center		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		☐ Yes ☐ No
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		☐ Yes ☒ No ☐ Executive ☐ Legislative
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 10/29/2025	Aggregate Contributions \$300.00	Amount of Contribution \$200.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Foster		First Name Karen		MI 	
Residential Street Address 37 Indian Dr .		City Clinton		State CT	Zip Code 06413
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 11/06/2025	Aggregate Contributions \$100.00		
Last Name Houde		First Name Michael		MI J	
Residential Street Address 42 Pleasant Valley Rd		City Clinton		State CT	Zip Code 06413
Principal Occupation builder		Name of Employer self-employed			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 11/12/2025	Aggregate Contributions \$20.00		
Total of Section B					\$445.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)					\$445.00

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

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

Total of Section C1**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	January 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

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

Total of Section C2

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

Total of Section D**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	January 10 Filing - Amendment

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

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

Total of Section E**I. MONETARY RECEIPTS (Section A-K)**

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

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

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

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

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	January 10 Filing - Amendment
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)	
Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card
Amount	
Total of Section H	

I. Monetary Receipts (Section A-K)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Clinton Democratic Town Committee			January 10 Filing - Amendment
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State Zip Code	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Clinton Democratic Town Committee			January 10 Filing - Amendment	
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Clinton Democratic Town Committee			January 10 Filing - Amendment	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		Yes No	(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.)	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No	(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
Clinton Democratic Town Committee	January 10 Filing - Amendment

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

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	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
Clinton Democratic Town Committee	January 10 Filing - Amendment

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

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

Total of Section L5**III. NONMONETARY RECEIPTS (Sections M - O)**

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

M. In-Kind Contributions

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Clinton Democratic Town Committee	January 10 Filing - Amendment

N. Refundable Deposit to Telephone Company

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 10/27/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St		City New Orleans		State LA Zip Code 70112
Purpose of Expenditure (by code) BNK	Description			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 \$1.30
Name of Payee New Way Strategies		Date of Payment 10/28/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 47 Avonwood Rd # 212		City Avon		State CT Zip Code 06001
Purpose of Expenditure (by code) A-OTH	Description Text messaging for the election			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 \$169.20
Name of Payee FastSigns		Date of Payment 10/29/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 10 W Main St		City Clinton		State CT Zip Code 06413
Purpose of Expenditure (by code) A-SIGN	Description			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 \$174.23

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

New Way Strategies

Date of Payment

11/03/2025

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

47 Avonwood Rd # 212

City

Avon

State

CT

Zip Code

06001Purpose of
Expenditure (by code)**A-OTH**

Description

Text Messaging for the election

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

\$169.20

Name of Payee

Brian Roccapriore

Date of Payment

11/04/2025

Method of Payment

☒

Check # 474

☐

Debit Card

☐

EFT

Street Address

35 River Rd .

City

Clinton

State

CT

Zip Code

06413Purpose of
Expenditure (by code)**RMB**

Description

Clinton Trunk or Treat

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

\$210.98

Name of Payee

DUNKIN DONUTS

Date of Payment

11/05/2025

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

215 E Main St

City

Clinton

State

CT

Zip Code

06413Purpose of
Expenditure (by code)**FOOD**

Description

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

\$30.68

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Anedot		Date of Payment 11/06/2025	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St		City New Orleans		State LA Zip Code 70112
Purpose of Expenditure (by code) BNK	Description			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 \$4.30

Name of Payee Essex Printing		Date of Payment 11/12/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 18 Industrial Park Rd .		City Essex		State CT Zip Code
Purpose of Expenditure (by code) POST	Description			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 \$949.98

Name of Payee Essex Printing		Date of Payment 11/12/2025	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 18 Industrial Park Rd .		City Essex		State CT Zip Code
Purpose of Expenditure (by code) PRNT	Description			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 \$328.17

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Shore Publishing

Date of Payment

11/14/2025

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

200 State St

City

New London

State

CT

Zip Code

06320Purpose of
Expenditure (by code)**A-NEWS**

Description

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

\$310.00

Name of Payee

Barbara Segaloff

Date of Payment

11/14/2025

Method of Payment

☒

Check # 475

☐

Debit Card

☐

EFT

Street Address

9 East Walk

City

Clinton

State

CT

Zip Code

Purpose of
Expenditure (by code)**RMB**

Description

DTC meeting refreshments

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

\$66.07

Name of Payee

Terri O'Rourke

Date of Payment

11/14/2025

Method of Payment

☒

Check # 476

☐

Debit Card

☐

EFT

Street Address

7 Harbor Pkwy

City

Clinton

State

CT

Zip Code

06413Purpose of
Expenditure (by code)**RMB**

Description

Election Night Pizza

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

\$87.60

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Clinton Democratic Town Committee

January 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

USPS

Date of Payment

12/01/2025

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

2 W Main St .

City

Clinton

State

CT

Zip Code

06413Purpose of
Expenditure (by code)**POST**

Description

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

\$234.00

Name of Payee

Thomas Danehy

Date of Payment

12/12/2025

Method of Payment

☒

Check # 477

☐

Debit Card

☐

EFT

Street Address

14 Cross Ave

City

Clinton

State

CT

Zip Code

06413Purpose of
Expenditure (by code)**A-NEWS**

Description

Caucus notice

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

\$160.00**Total of Section P****\$2,895.71**

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

IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster-Bank	Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other
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Name of Vendor, Person or Entity New-Way-Strategies			Date of Transaction 10/28/2025
Street Address 47-Avonwood-Rd-# 212	City Avon	State CT	Zip Code 06001
Purpose of Expenditure (by code) A-OTH	Description Test-Messaging-for-the-election		Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D	Amount \$169.20-
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Name of Issuing Institution Webster-Bank	Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other
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Name of Vendor, Person or Entity FastSigns			Date of Transaction 10/29/2025
Street Address 10-W-Main-St	City Clinton	State CT	Zip Code 06413
Purpose of Expenditure (by code) A-SIGN	Description		Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D	Amount \$174.23-
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IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster-Bank	Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other
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Name of Vendor, Person or Entity New-Way-Strategies			Date of Transaction 11/03/2025
Street Address 47-Avonwood-Rd-# 212	City Avon	State CT	Zip Code 06001
Purpose of Expenditure (by code) A-OTH	Description Test-Messaging-for-the-election		Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D	Amount \$169.20-
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Name of Issuing Institution Webster-Bank	Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other
--	--

Name of Vendor, Person or Entity Dunkin-Donuts			Date of Transaction 11/05/2025
Street Address 215-E-Main-St	City Clinton	State CT	Zip Code 06413
Purpose of Expenditure (by code) FOOD	Description		Event #

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D	Amount \$30.68-
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IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Essex-Printing			Date of Transaction 11/12/2025	
Street Address 18 Industrial Park Rd-		City Centerbrook	State CT	Zip Code 06409
Purpose of Expenditure (by code) POST	Description			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$949.98-

Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Essex-Printing			Date of Transaction 11/12/2025	
Street Address 18 Industrial Park Rd-		City Centerbrook	State CT	Zip Code 06409
Purpose of Expenditure (by code) PRNT	Description			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$328.17-

IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity Essex Printing			Date of Transaction 11/12/2025
Street Address 10 Industrial Park Rd.		City Centerbrook	State CT Zip Code 06409
Purpose of Expenditure (by code) PRNT	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D		Amount \$796.93

Name of Issuing Institution Webster Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other	
Name of Vendor, Person or Entity Essex Printing			Date of Transaction 11/12/2025
Street Address 10 Industrial Park Rd.		City Centerbrook	State CT Zip Code 06409
Purpose of Expenditure (by code) POST	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D		Amount \$1,119.18

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Clinton Democratic Town Committee			January 10 Filing - Amendment	
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Shore-Publishing			Date of Transaction 11/14/2025	
Street Address 200-State-St		City New-London		State CT
Zip Code 06320				
Purpose of Expenditure (by code) A-NEWS	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$310.00-
Name of Issuing Institution Webster-Bank		Type of Credit Card: ☐ Visa ☒ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity USPS			Date of Transaction 12/01/2025	
Street Address 2-W-Main-St-		City Clinton		State CT
Zip Code 06413				
Purpose of Expenditure (by code) POST	Description PO-Box-Service-Fee			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☒ D			Amount \$234.00-
Total of Section R				\$0.00

IV. EXPENDITURES

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

IV. EXPENDITURES (Sections P - T)

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

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	
Are Limits Aggregated?	Aggregating Committees		
Yes No			

Section R. ADDENDUM

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

Section S. ADDENDUM

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

Section T. ADDENDUM

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