

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

| | | | |
|--|--|------------------------------|---|
| 1. NAME OF COMMITTEE | | | |
| Enfield Democratic Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Jennifer | MI | Last Bruyette | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 83 Park Ave | City Enfield | State CT | Zip Code 06082 |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| | | | |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) | | | |
| First | MI | Last | Suffix |
| 8. TYPE OF REPORT | | | |
| July 10 Filing - Amendment | | | |
| 9. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 04/01/2024 | | thru 06/30/2024 | |
| 10. CERTIFICATION | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
| Electronic Filing | Jennifer Bruyette | 12/28/2025 12:20:43PM | |
| 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 | |
|---|-----------------------------------|-----------------------|
| Enfield Democratic Town Committee | July 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 | | \$2,921.30 |
| 12. Balance on hand at the beginning of Reporting Period | \$2,206.30 | |
| 13. Contributions received from Individuals (Section A and B) | \$815.00 | \$835.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$500.00 | \$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) | \$500.00 | \$500.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$1,815.00 | \$1,835.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$4,021.30 | \$4,756.30 |
| 19. Expenses Paid by Committee (Section P) | \$14.80 | \$749.80 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$4,006.50 | \$4,006.50 |
| 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 | \$0.00 |
| 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) | \$473.70 | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Enfield Democratic Town Committee | July 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 Testori | | First Name Peter | | MI |
| Residential Street Address 20 Pease St | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Dean | | Name of Employer Bay Path | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 04/07/2024 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Calnen | | First Name Gerald | | MI |
| Residential Street Address 74 Spruceland Rd | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 04/17/2024 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Laifer | | First Name Alex | | MI |
| Residential Street Address 1308 Woodgate Cir | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Historical Interpreter | | Name of Employer The Mark Twain House and Museum | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/22/2024 | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Tetreault | | First Name christina | | MI |
| Residential Street Address 42 Green Mnr | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Secretary | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 05/22/2024 | \$20.00 | \$20.00 |

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Tuohey | | First Name Jane | | MI |
| Residential Street Address 17 Matthewson Ave | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Program Coordinator | | Name of Employer MRC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 05/23/2024 | \$100.00 | \$100.00 |

| | | | | |
|---|--|---|-------------------------|------------------------|
| Last Name Butrymowicz | | First Name Dale | | MI |
| Residential Street Address 11 Winter Way | | City Enfield | State CT | Zip Code 06083 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: | | |
| Method of Contribution | | Date Received | Aggregate Contributions | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 05/29/2024 | \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|------------------------------------|-------------------|
| Last Name Bruyette | | First Name Jennifer | | MI MI |
| Residential Street Address 83 Park Ave . | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Accountant | | Name of Employer Hartford Healthcare | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|-----------------------------------|------------------------------------|-------------------|
| Last Name Tallarita | | First Name Kathleen | | MI M |
| Residential Street Address 12 Peggy Ln | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Manager | | Name of Employer Access Health | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$45.00 | \$20.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Weseliza | | First Name Jeanne | | MI V |
| Residential Street Address 16 Marble Rd | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$20.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Wolliston | | First Name Nathan | | MI G |
| Residential Street Address 15 Rainbow Creek Dr | | City Windsor | State CT | Zip Code 06095 |
| Principal Occupation Annuity Specialist | | Name of Employer Global Atlantic Financial Group | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$50.00 | |
| \$50.00 | | | | |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Carrol | | First Name Catherine | | MI J |
| Residential Street Address 19 Roland St | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Teacher | | Name of Employer Town of Enfield | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$15.00 | |
| \$15.00 | | | | |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Wilcox | | First Name Michele | | MI A |
| Residential Street Address 5 Cheryl Dr | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Teacher | | Name of Employer Town of Enfield | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$20.00 | |
| \$20.00 | | | | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------------|------------------------------------|------------------------|
| Last Name Tallarita | | First Name Kathleen | | MI M |
| Residential Street Address 12 Peggy Ln | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Manager | | Name of Employer Access Health | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$45.00 | \$25.00 |

| | | | | |
|---|--|----------------------------------|-------------------------------------|------------------------|
| Last Name Weseliza | | First Name Karen | | MI |
| Residential Street Address 25 Renee Ln | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Secretary | | Name of Employer Joe Courtney | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|---|-------------------------------------|------------------------|
| Last Name Santanella | | First Name John | | MI |
| Residential Street Address 1204 Enfield St | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Self | | Name of Employer Roebuck Investment Corp | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Calnen | | First Name Gerald | | MI |
| Residential Street Address 74 Spruceland Rd | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 05/30/2024 | Aggregate Contributions \$75.00 | \$50.00 |
| Last Name Galiatsatos | | First Name Alexandros | | MI P |
| Residential Street Address 1114 Gatewood Dr | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Operations Manager | | Name of Employer Rubas Express | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 06/11/2024 | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Gentes | | First Name Jeffrey | | MI |
| Residential Street Address 37 Cottage Rd | | City Enfield | State CT | Zip Code 06082 |
| Principal Occupation Attorney | | Name of Employer Ct Fair Housing/Yale Law School | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 06/16/2024 | Aggregate Contributions \$100.00 | \$100.00 |
| Total of Section B | | | \$815.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$815.00 | |

(Sections A & B)

(Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | |
|--|-------|---|---------------|-------------------------|----------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT | |
| Enfield Democratic Town Committee | | | | | July 10 Filing - Amendment | |
| C1. Contributions from Other Committees | | | | | | |
| Name of Committee | | | | Name of Treasurer | | |
| Power of Women PAC | | | | Richard Bourne | | |
| Address | | Is this contribution associated with an event reported in Section L1? | | | Amount of Contribution | |
| 17 Red Orange Rd | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | |
| Middletown | CT | 06457 | 04/22/2024 | \$500.00 | \$500.00 | |
| Total of Section C1 | | | | | \$500.00 | |

I. MONETARY RECEIPTS (Section A-K)

| | | | | | | |
|--|-------------|----------|--|-------------------|----------------------------|-------------------|
| NAME OF COMMITTEE | | | | | TYPE OF REPORT | |
| Enfield Democratic Town Committee | | | | | July 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 |
| Enfield Democratic Town Committee | July 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 |
| Enfield Democratic Town Committee | July 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 |
| Enfield Democratic Town Committee | July 10 Filing - Amendment |

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

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

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

| I. MONETARY RECEIPTS (Section A-K) | | |
|--|--|--------|
| NAME OF COMMITTEE | TYPE OF REPORT | |
| Enfield Democratic Town Committee | July 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 | |
| Enfield Democratic Town Committee | | | July 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 |
|-----------------------------------|----------------------------|
| Enfield Democratic Town Committee | July 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 |
|--|----------------------------|
| Enfield Democratic Town Committee | July 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 | <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> | |
| | | No | | |
| 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 | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> | |
| | | No | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | Yes | <i>(If yes, enter Total Receipts here.)</i> | |
| | | No | | |
| <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 | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> | |
| | | No | | |
| <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 | <i>(If yes, enter Total Receipts here.)</i> | |
| | | No | | |
| Total of Section L1 | | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

| | | | | |
|--|-----------------------------|--|-------------------------------|--|
| Name of Purchaser Roosters Mens' Grooming Center | | Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | | |
| Street Address 180 Linden St | | City Wellesley | State MA | Zip Code 02482 |
| Date Received 05/30/2024 | Event # 09272024A | Aggregate Purchases for All Events \$250.00 | Amount of Program Ad Purchase | Amount of Sign Purchase \$250.00 |

| | | | | |
|--|-----------------------------|--|-------------------------------|--|
| Name of Purchaser Roebuck Investment Corporation Inc | | Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | | |
| Street Address 1204 Enfield St | | City Enfield | State CT | Zip Code 06082 |
| Date Received 05/30/2024 | Event # 09272024A | Aggregate Purchases for All Events \$250.00 | Amount of Program Ad Purchase | Amount of Sign Purchase \$250.00 |

| | | | |
|----------------------------|--|--|-----------------|
| Total of Section L3 | | | \$500.00 |
|----------------------------|--|--|-----------------|

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

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

| | | | |
|----------------------------|--|--|--|
| Total of Section L4 | | | |
|----------------------------|--|--|--|

II. EVENT ACTIVITY (Sections L1 - L5)

| | |
|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Enfield Democratic Town Committee | July 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 |
| Enfield Democratic Town Committee | July 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 | 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? | Fair Market Value of this Contribution |
| | No | | |
| Is this contribution associated with an event reported in Section L1? | Yes | Is contributor a principal of state contractor or prospective state contractor? | |
| | No | | |
| If yes, list Event# | | If yes, indicate which branch or branches of government the contract is with: | |
| | | Executive | Legislative |

Total of Section M

III. Non Monetary Receipts (Sections M - O)

| | |
|-----------------------------------|----------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Enfield Democratic Town Committee | July 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 |
| Enfield Democratic Town Committee | July 10 Filing - Amendment |

P. Expenses Paid By Committee

| | | | | |
|--|--|--------------------------------------|--|---------------|
| Name of Payee anedot | | Date of Payment 04/09/2024 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 4017 Buena Vista St | | City Dallas | State TX | Zip Code |
| 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) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$2.30 |
| Name of Payee anedot | | Date of Payment 04/19/2024 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 4017 Buena Vista St | | City Dallas | State TX | Zip Code |
| 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) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$1.30 |
| Name of Payee anedot | | Date of Payment 05/25/2024 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 4017 Buena Vista St | | City Dallas | State TX | Zip Code |
| 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) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$4.30 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | |
|--------------------------------|--------------------------------------|---|--|
| Name of Payee anedot | Date of Payment 05/31/2024 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
|--------------------------------|--------------------------------------|---|--|

| | | | |
|--|-----------------------|--------------------|-----------------|
| Street Address 4017 Buena Vista St | City Dallas | State TX | Zip Code |
|--|-----------------------|--------------------|-----------------|

| | | |
|--|--------------------|----------------|
| 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) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$2.60 |

| | | | |
|--------------------------------|--------------------------------------|---|--|
| Name of Payee anedot | Date of Payment 06/18/2024 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
|--------------------------------|--------------------------------------|---|--|

| | | | |
|--|-----------------------|--------------------|-----------------|
| Street Address 4017 Buena Vista St | City Dallas | State TX | Zip Code |
|--|-----------------------|--------------------|-----------------|

| | | |
|--|--------------------|----------------|
| 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) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$4.30 |

| | | |
|---------------------------|--|----------------|
| Total of Section P | | \$14.80 |
|---------------------------|--|----------------|

| IV. EXPENDITURES (Sections P - T) | | | |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| | | | July 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 |
| Enfield Democratic Town Committee | | | July 10 Filing - Amendment |
| R. Expenses Incurred on Committee Credit Card | | | |
| Name of Issuing Institution | | Type of Credit Card: Visa Master Card Discover American Express Other | |
| Name of Vendor, Person or Entity | | | Date of Transaction |
| Street Address | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) 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 R | | | |

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

| Section L5. ADDENDUM | |
|--|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |
| L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum | |
| Event # | |
| Name of Candidate or Committee | |

| Section P. ADDENDUM | | |
|--|-------------------------------|--|
| NAME OF COMMITTEE | TYPE OF REPORT | |
| | | |
| P. Expenses Paid By Committee - Addendum | | |
| Expenditure # | Supported | Opposed |
| | | Amount of Expenditure |
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| Are Limits Aggregated? Yes No | Aggregating Committees | |

Section R. ADDENDUM

| 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

| 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

| 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 | |