

**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			
<b>Clinton Democratic Town Committee</b>			
2. TREASURER NAME			
First <b>Michael</b>	MI <b>J</b>	Last <b>Rossi</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>3 Kings Grant Rd</b>	City <b>Clinton</b>	State <b>CT</b>	Zip Code <b>06413</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>July 10 Filing - Amendment</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>04/01/2025</b>	thru <b>06/30/2025</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.		
<b>Electronic Filing</b>	<b>Michael Rossi</b>	<b>03/20/2026 11:34:40AM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Clinton Democratic Town Committee</b>	<b>July 10 Filing - Amendment</b>	
	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		<b>\$3,714.59</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$3,764.59</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$51.00</b>	<b>\$101.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$1,500.00</b>	<b>\$1,500.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$1,551.00</b>	<b>\$1,601.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$5,315.59</b>	<b>\$5,315.59</b>
19. Expenses Paid by Committee (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$5,315.59</b>	<b>\$5,315.59</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$179.94</b>	<b>\$179.94</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$783.79</b>	<b>\$1,598.63</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$73.79</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$73.79</b>	

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

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

**\$21.00****B. Itemized Contributions from Individuals**

Last Name O'Rourke		First Name Terri		MI MI
Residential Street Address 7 Harbor Pkwy		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? <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 04/07/2025	Aggregate Contributions \$100.56	

Last Name Gebauer		First Name Charles		MI C
Residential Street Address 96 Fairview Dr		City Madison	State CT	Zip Code 06443
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 06/05/2025	Aggregate Contributions \$10.00	

**Total of Section B****\$30.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A &amp; B)

*(Total on Line 13 of Summary Page)***\$51.00**

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

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

**C1. Contributions from Other Committees**

Name of Committee		Name of Treasurer	
Power of Women PAC		Robert J Bourne	
Address		Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PO Box 91		If yes, list Event #	
City	State	Zip Code	Date Received
Middletown	CT	06457	05/07/2025
Aggregate Contributions			Amount of Contribution
\$1,500.00			\$1,500.00

**Total of Section C1****\$1,500.00****I. MONETARY RECEIPTS (Section A-K)**

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

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

Name of Committee		Name of Treasurer	
Address		Date Received	
City		State	Zip Code
Payment Type		Amount of Receipt	
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	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		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Clinton 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	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton 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
<b>Total of Section F</b>					

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

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

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

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

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

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

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

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

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

**L1. Event Information**

Event # Date of Event 04/07/2025	Letter A	Description Other Event	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location: Street Address 1 Heritage Rd .	City Clinton	State CT	Zip Code 06413	
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
<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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
<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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(If yes, enter Total Receipts here.)	\$0.00
<b>Total of Section L1</b>			<b>\$0.00</b>	

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

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

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton 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:	Description of Donation		Fair Market Value of Donation
Business Entity	Date Received	Event #    Aggregate value for this event	
Individual			
Sole Proprietorship			
			<b>Total of Section L4</b>

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

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

<b>Total of Section L5</b>	
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**III. NONMONETARY RECEIPTS (Sections M - O)**

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

**M. In-Kind Contributions**

Name Mary Jo Phelps				
Street Address 23 Delwood Ave .		City Clinton	State CT	Zip Code 06413
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 04/07/2025	Aggregate contributions \$27.96	Description of In-Kind Contribution Event supplies	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$27.96	
If yes, list Event# <u>06052021A</u>				

Name Barbara Segaloff				
Street Address 9 East Walk		City Clinton	State CT	Zip Code 06413
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 04/07/2025	Aggregate contributions \$71.42	Description of In-Kind Contribution Event supplies	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Fair Market Value of this Contribution \$71.42	
If yes, list Event# <u>08162019A</u>				

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

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

**M. In-Kind Contributions**

Name Terri O'Rourke			
Street Address 7 Harbor Pkwy	City Clinton	State CT	Zip Code 06413
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 04/07/2025	Aggregate contributions \$100.56	Description of In-Kind Contribution Event supplies
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No		\$80.56
If yes, list Event# <u>04072025A</u>			

**Total of Section M**

**\$179.94**

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

NAME OF COMMITTEE	TYPE OF REPORT
Clinton 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
Name of Telephone company			
Street Address	City	State	Zip Code
			Amount of Deposit

**Total of Section N**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>		<b>TYPE OF REPORT</b>	
Clinton Democratic Town Committee		July 10 Filing - Amendment	

**P. Expenses Paid By Committee**

Name of Payee		Date of Payment	Method of Payment Check # Debit Card      EFT	
Street Address		City	State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization	A      B      C      D	

**Total of Section P**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>		<b>TYPE OF REPORT</b>	
		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
Clinton Democratic Town Committee	July 10 Filing - Amendment

#### R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution <b>Webster Bank</b>	Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
--	--

Name of Vendor, Person or Entity <b>Aldi</b>	Date of Transaction <b>04/01/2025</b>
Street Address <b>1151 W Main St</b>	City <b>Branford</b>
	State <b>CT</b>
	Zip Code

Purpose of Expenditure (by code) <b>FOOD</b>	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount <b>\$73.79</b>
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Name of Issuing Institution <b>Webster Bank</b>	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
--	---

Name of Vendor, Person or Entity <b>Shoreline Tents &amp; Events</b>	Date of Transaction <b>04/08/2025</b>
Street Address <b>15 Boston Post Rd</b>	City <b>Madison</b>
	State <b>CT</b>
	Zip Code <b>06443</b>

Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Rental of furniture for Clinton Advocacy Fair</b>	Event # <b>04072025A</b>
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Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount <b>\$610.00</b>
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### IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Clinton Democratic Town Committee		July 10 Filing - Amendment	
<b>R. Expenses Incurred on Committee Credit Card</b>			
Name of Issuing Institution Webster Bank		Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other	
Name of Vendor, Person or Entity Big Y			Date of Transaction 04/08/2025
Street Address RR 81		City Clinton	State CT      Zip Code 06413
Purpose of Expenditure (by code) Gift *	Description Gift cards	Event # 04072025A	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Amount \$100.00
<b>Total of Section R</b>			<b>\$783.79</b>

### IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Clinton Democratic Town Committee		July 10 Filing - Amendment	
<b>S. Expenses Incurred By Committee but Not Paid During this Period</b>			
Name of Creditor Segaloff, Barbara			Date Incurred 04/01/2025
Street Address 9 East Walk		City Clinton	State CT      Zip Code 06413
Purpose of Expenditure (by code) OFFICE	Description Materials for the event	Event # 04072025A	
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization : <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		Amount Incurred (Estimate or Actual) \$73.79
<b>Total of Section S</b>			<b>\$73.79</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Clinton 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
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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
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Purpose of Expenditure (by code)	Description	Event #
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Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure)                      Independent Coordinated without reimbursement sought (in-kind contribution)                      Organization:                      A                      B                      C                      D	

<b>Total of Section T</b>	
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**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	

<b>Section P. ADDENDUM</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
<b>P. Expenses Paid By Committee - Addendum</b>		
Expenditure #	Supported	Opposed
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated?	Aggregating Committees	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

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

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

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

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