

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

Page 1 of 58

COVER PAGE

1. NAME OF COMMITTEE			
Wallingford Democratic Town Committee			
2. TREASURER NAME			
First Craig	MI	Last Villone	Suffix
3. TREASURER ADDRESS			
Street Address 60 Elika Rd	City Wallingford	State CT	Zip Code 06492
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			
July 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date Ending Date			
04/01/2026 thru 06/30/2026			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Craig Villone PRINT NAME OF THE SIGNER	07/10/2026 9:34:20AM 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	
Wallingford Democratic Town Committee	July 10 Filing - Original	
	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		\$3,559.29
12. Balance on hand at the beginning of Reporting Period	\$4,279.05	
13. Contributions received from Individuals (Section A and B)	\$6,615.00	\$7,855.00
14. Receipts from Other Committees (Sections C1 and C2)	\$1,500.00	\$1,611.61
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)	\$8,115.00	\$9,466.61
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$12,394.05	\$13,025.90
19. Expenses Paid by Committee (Section P)	\$7,774.79	\$8,406.64
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$4,619.26	\$4,619.26
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)	\$330.71	\$330.71
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)	\$75.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$75.00	

I. MONETARY RECEIPTS (Section A-K)

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

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 Bonarrigo		First Name Bret		MI
Residential Street Address 7 Wojtasik Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation RTX Pratt and Whitney Engineer		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		☐ Yes ☐ No
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		Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		04/16/2026	\$25.00	
				\$25.00

Last Name Doerr		First Name Kristi		MI
Residential Street Address 12 Penny Ln		City Wallingford	State CT	Zip Code 06492
Principal Occupation Tax Director		Name of Employer Richemont North America, Inc.		
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		Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		04/16/2026	\$350.00	
				\$50.00

Last Name Villone		First Name Craig		MI
Residential Street Address 60 Elika Rd		City Wallingford	State CT	Zip Code 06492
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		Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		04/27/2026	\$420.00	
				\$105.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Benham		First Name Rich		MI
Residential Street Address 41 S Main St		City Wallingford	State CT	Zip Code 06492
Principal Occupation Vice Chair, State Board of Education		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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
\$150.00				

Last Name Morgenstein		First Name Laurence		MI
Residential Street Address 177 S Main St		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
\$150.00				

Last Name Friedman		First Name Scott		MI
Residential Street Address 17 Cooper Rd		City North Haven	State CT	Zip Code 06473
Principal Occupation Data Analysis Consulting		Name of Employer Scott D Friedman Consulting LLC		
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
\$150.00				

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Carmody		First Name Samuel		MI
Residential Street Address 116 Center St 2A		City Wallingford	State CT	Zip Code 06492
Principal Occupation Community Relations		Name of Employer Eversource Energy		
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Doerr		First Name Kristi		MI
Residential Street Address 12 Penny Ln		City Wallingford	State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer Richemont North America, Inc		
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Verna		First Name Elizabeth		MI
Residential Street Address 26 Mapleview Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Builder		Name of Employer Verna Properties LLC		
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rossacci		First Name Melanie		MI
Residential Street Address 9 Platt Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Senior Managing Consultant		Name of Employer Accenture		
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Villone		First Name Craig		MI
Residential Street Address 60 Elika Rd		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/04/2026	Aggregate Contributions \$495.00	
				\$75.00

Last Name Nastri		First Name Pasquale		MI
Residential Street Address 3 Crystal Ln		City Wallingford	State CT	Zip Code 06492-2165
Principal Occupation Unemployed		Name of Employer Unemployed		
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 # 05232026A ☒ 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 05/05/2026	Aggregate Contributions \$150.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cella		First Name Alida		MI
Residential Street Address 172 N Whittlesey Ave		City Wallingford	State CT	Zip Code 06492
Principal Occupation Director of Project Funding		Name of Employer Greenskies Clean Energy		
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 # <u>05232026A</u> ☒ 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 05/05/2026	Aggregate Contributions \$396.72	
				\$150.00

Last Name Tomczak		First Name Stephen Monroe		MI
Residential Street Address 60 Morningside Ter		City Wallingford	State CT	Zip Code 06492
Principal Occupation College Professor		Name of Employer Southern Connecticut State University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05232026A</u> ☒ 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 05/05/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Cosgrove		First Name E J		MI
Residential Street Address 103 Colonial Hill Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05232026A</u> ☒ 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 05/06/2026	Aggregate Contributions \$150.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gomes		First Name Susan		MI
Residential Street Address 26 Edgewood Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation retired teacher		Name of Employer retired teacher		
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 # 05232026A ☒ 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 05/06/2026	Aggregate Contributions \$150.00	
\$150.00				

Last Name Camp		First Name Stacy		MI
Residential Street Address 46 N Airline Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Dental assistant		Name of Employer New Haven Oral Surgery		
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 # 05232026A ☒ 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 05/06/2026	Aggregate Contributions \$150.00	
\$150.00				

Last Name LaFrance-Proscino		First Name Frances		MI
Residential Street Address 14 Jackson Ave		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/06/2026	Aggregate Contributions \$150.00	
\$150.00				

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wall		First Name Kathryn		MI
Residential Street Address 34 Leigus Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Town Clerk		Name of Employer Town of Berlin		
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 # 05232026A ☒ 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 05/06/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Elliott		First Name Josh		MI
Residential Street Address 28 Cobblestone Dr .		City Hamden	State CT	Zip Code 06518
Principal Occupation Owner		Name of Employer Thyme and Season		
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 # 05232026A ☒ 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 05/06/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Shuler		First Name Brenda		MI
Residential Street Address 427 Williams Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Nurse		Name of Employer Nursing Concepts		
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 # 05232026A ☒ 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 05/07/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Reynolds		First Name Deborah		MI
Residential Street Address 844 Old Durham Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Business data analyst		Name of Employer Hartford insurance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/07/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Votto		First Name Michael		MI
Residential Street Address 377 N Elm St		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/07/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Williams		First Name Leslie		MI
Residential Street Address 595 Woodhouse Ave		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/08/2026	Aggregate Contributions \$150.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mandato		First Name Brandi		MI
Residential Street Address 56 South Ave		City North Haven	State CT	Zip Code 06473
Principal Occupation Senior Director		Name of Employer Jobs for the Future		
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 # 05232026A ☒ 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 05/08/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Doering		First Name Rajan		MI
Residential Street Address 48 Sharon Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Assistant Attorney General		Name of Employer State of Connecticut		
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 # 05232026A ☒ 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 05/08/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Kohl		First Name Jason		MI
Residential Street Address 18 Oswegatchie Rd		City Waterford	State CT	Zip Code 06385
Principal Occupation Web Designer		Name of Employer Student		
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 # 05232026A ☒ 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 05/10/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Schain		First Name Breina		MI
Residential Street Address 62 Hilltop Rd		City Cheshire	State CT	Zip Code 06410-3644
Principal Occupation Retired		Name of Employer Retired from State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Miller		First Name Brian		MI
Residential Street Address 108 Colonial Hill Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Urban Planner		Name of Employer Miller Planning Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Mooney		First Name Whitney		MI
Residential Street Address 1015 N Main Street Ext # N1		City Wallingford	State CT	Zip Code 06492
Principal Occupation Director of Development		Name of Employer Middlesex United Way		
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 # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$100.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Huizenga		First Name Susan		MI
Residential Street Address 36 Surrey Dr		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Testa		First Name Vincent		MI
Residential Street Address 1 Farm Hill Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer Wallingford BOE		
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 # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Wolfer		First Name Thomas		MI
Residential Street Address 37 Mellor Rd		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/13/2026	Aggregate Contributions \$170.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Welander		First Name Mary		MI
Residential Street Address 377 Dogwood Rd		City Orange	State CT	Zip Code 06477
Principal Occupation State Representative		Name of Employer CGA		
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 # 05232026A ☒ 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 05/14/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Foster		First Name Jaime		MI
Residential Street Address 28 Abbott Rd		City Ellington	State CT	Zip Code 06029
Principal Occupation Hospital researcher and state rep		Name of Employer THofNE and CGA		
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 # 05232026A ☒ 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 05/14/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Kohan		First Name Jeffrey		MI
Residential Street Address 10 Whispering Pines Dr		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/15/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Avalone		First Name Vincent		MI
Residential Street Address 1 Ashford Ct		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/15/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Granucci		First Name Catherine		MI
Residential Street Address 53 South Orch		City Wallingford	State CT	Zip Code 06492
Principal Occupation Retired		Name of Employer CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/15/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Quinn		First Name Michael		MI
Residential Street Address 47 Beth Ann Cir		City Meriden	State CT	Zip Code 06450
Principal Occupation Attorney		Name of Employer Mahon, Quinn & Mahon, P.C.		
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 # 05232026A ☒ 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 05/16/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Havrilla		First Name Alysha		MI
Residential Street Address 197 Cheshire Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Teacher		Name of Employer Children's Community Programs of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/17/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Wall		First Name Timothy		MI
Residential Street Address PO Box 297		City Wallingford	State CT	Zip Code 06492
Principal Occupation State Marshal		Name of Employer CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/18/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Reynolds		First Name Jesse		MI
Residential Street Address 850 Old Durham Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Biostatistician		Name of Employer Yale University		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/18/2026	Aggregate Contributions \$150.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Fritz		First Name David		MI
Residential Street Address 3 Cliffside Dr		City Wallingford	State CT	Zip Code 06492
Principal Occupation Project Manager		Name of Employer Acranom Masonry Enterprises		
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 # 05232026A ☒ 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 05/18/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Fitzsimmons		First Name Jim		MI
Residential Street Address 408 N Main St		City Wallingford	State CT	Zip Code 06492
Principal Occupation Management		Name of Employer Chubb insurance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/19/2026	Aggregate Contributions \$300.00	
				\$150.00

Last Name Fitzsimmons		First Name Jim		MI
Residential Street Address 408 N Main St		City Wallingford	State CT	Zip Code 06492
Principal Occupation Management		Name of Employer Chubb insurance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05232026A ☒ 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 05/19/2026	Aggregate Contributions \$300.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cypress		First Name Tamara		MI
Residential Street Address 162B N Whittlesey Ave		City Wallingford	State CT	Zip Code 06492
Principal Occupation executive assistant		Name of Employer State of Connecticut		
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 # 05232026A ☒ 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 05/19/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Burress		First Name Nancy		MI
Residential Street Address 3 Munson Dr Unit 1		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/19/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Donovan		First Name Christopher		MI
Residential Street Address 188 Atkins St		City Meriden	State CT	Zip Code 06450
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 # 05232026A ☒ 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 05/20/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kovacs		First Name Gavin		MI
Residential Street Address 35 Broadmeadow Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Student		Name of Employer Brandi Mandato campaign		
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 # 05232026A ☒ 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 05/21/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Hyland		First Name Rebecca		MI
Residential Street Address 18 Haller Pl		City Wallingford	State CT	Zip Code 06492
Principal Occupation homemaker		Name of Employer homemaker		
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 # 05232026A ☒ 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 05/21/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Butts		First Name Kristen		MI
Residential Street Address 30 Deme Rd		City Wallingford	State CT	Zip Code 06492
Principal Occupation Realtor		Name of Employer Self Employed Kristen Butts, CT Realtor		
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 # 05232026A ☒ 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 05/21/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

Wallingford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Larocque		First Name CHRISTOPHER		MI
Residential Street Address 149 Fair St		City Wallingford	State CT	Zip Code 06492
Principal Occupation GROCER		Name of Employer Stop and Shop		
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 # 05232026A ☒ 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 05/22/2026	Aggregate Contributions \$75.00	
\$75.00				

Last Name Greco		First Name Brandi		MI
Residential Street Address 56 South Ave		City North Haven	State CT	Zip Code 06473
Principal Occupation Senior Director		Name of Employer Jobs for the Future		
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 # 05232026A ☒ 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 05/22/2026	Aggregate Contributions \$75.00	
\$75.00				

Last Name Wiedenmann		First Name Bob		MI
Residential Street Address 284 N Main St		City Wallingford	State CT	Zip Code 06492
Principal Occupation Home Builder/Remodeler		Name of Employer Sunwood Development Corp		
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 # 05232026A ☒ 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 05/22/2026	Aggregate Contributions \$75.00	
\$75.00				

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Linehan		First Name Liz		MI
Residential Street Address 405 Sycamore Ln		City Cheshire	State CT	Zip Code 06410
Principal Occupation Legislator		Name of Employer CT State Legislature		
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 # 05232026A ☒ 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 05/23/2026	Aggregate Contributions \$75.00	
\$75.00				

Last Name Larsen		First Name Carol		MI J
Residential Street Address 41 White Tail Ln		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/23/2026	Aggregate Contributions \$75.00	
\$75.00				

Last Name Hutchinson		First Name Jeffrey		MI E
Residential Street Address 16 Carriage Dr		City Wallingford	State CT	Zip Code 06492
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 # 05232026A ☒ 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 05/23/2026	Aggregate Contributions \$75.00	
\$75.00				

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Doerr		First Name Kristi		MI	
Residential Street Address 12 Penny Ln		City Wallingford		State CT	Zip Code 06492
Principal Occupation AVP Tax		Name of Employer Richemont North America, Inc.			
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 # 05232026A ☒ 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 05/25/2026	Aggregate Contributions \$300.00	\$150.00	

Last Name Villone		First Name Craig		MI	
Residential Street Address 60 Erika Rd		City Wallingford		State CT	Zip Code 06492
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 05/28/2026	Aggregate Contributions \$600.00	\$105.00	

Last Name Villone		First Name Craig		MI	
Residential Street Address 60 Erika Rd		City Wallingford		State CT	Zip Code 06492
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 06/27/2026	Aggregate Contributions \$705.00	\$105.00	
Total of Section B					\$6,615.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)					\$6,615.00

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Wallingford Democratic Town Committee					July 10 Filing - Original
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Carpenters Local Union #326 PAC				Bruce E Conroy	
Address		Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No			Amount of Contribution
500 Main St		If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Yalesville	CT	06492	06/13/2026	\$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
Wallingford Democratic Town Committee					July 10 Filing - Original
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee				Name of Treasurer	
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
		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
Wallingford Democratic Town Committee	July 10 Filing - Original

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
Wallingford Democratic Town Committee	July 10 Filing - Original

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

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

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

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

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

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

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Wallingford Democratic Town Committee	July 10 Filing - Original
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
Wallingford Democratic Town Committee	July 10 Filing - Original
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
Wallingford Democratic Town Committee			July 10 Filing - Original
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	
Wallingford Democratic Town Committee			July 10 Filing - Original	
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	
Wallingford Democratic Town Committee			July 10 Filing - Original	
L1. Event Information				
Event # Date of Event 05/23/2026	Letter A	Description Other Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 37 Harrison Rd		City Wallingford	State CT	Zip Code 06492
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<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>	
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$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?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<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	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
Total of Section L1				\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Wallingford Democratic Town Committee				July 10 Filing - Original	
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	
Wallingford Democratic Town Committee				July 10 Filing - Original	
L4. In-Kind Donations Not Considered Contributions					
Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
Total of Section L4					

II.EVENT ACTIVITY (Sections L1 - L5)

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

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

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

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

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

M. In-Kind Contributions

Name Alida Cella			
Street Address 172 N Whittlesey Ave		City Wallingford	State CT
		Zip Code 06492	
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 04/12/2026	Aggregate contributions \$246.72	Description of In-Kind Contribution Website hosting from Sept 2025 - Apr 2026
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		Fair Market Value of this Contribution \$246.72
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, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		
If yes, list Event#			

Name Frances LaFrance-Proscino			
Street Address 14 Jackson Ave		City Wallingford	State CT
		Zip Code 06492	
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 05/23/2026	Aggregate contributions \$215.31	Description of In-Kind Contribution Postage and Name Badges
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		Fair Market Value of this Contribution \$65.31
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, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		
If yes, list Event#			

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Dana M Camp				
Street Address 46 N Airline Rd		City Wallingford	State CT	Zip Code 06492
Type of Contributor: ☐ Committee	Date Received 05/24/2026	Aggregate contributions \$18.68	Description of In-Kind Contribution Web site domain renewal	
☒ 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 If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		Fair Market Value of this Contribution \$18.68	

Total of Section M**\$330.71****III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Wallingford Democratic Town Committee	July 10 Filing - Original

N. Refundable Deposit to Telephone Company

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

04/16/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

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

\$2.30

Name of Payee

Anedot, Inc.

Date of Payment

04/16/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

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

Anedot, Inc.

Date of Payment

04/27/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

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

\$4.50

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Sts. Cyril & Methodius Serbian Orthodox Church		Date of Payment 04/27/2026	Method of Payment ☒ Check # 318 ☐ Debit Card ☐ EFT	
Street Address 402 Main St		City Middlefield	State CT	Zip Code 06455
Purpose of Expenditure (by code) PBA-OTH *	Description Convention space rental			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 \$50.00

Name of Payee Anedot, Inc.		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/04/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

Expenditure #
(if applicable)

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

☒

None of the below

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Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

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Organization

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D

Amount

\$6.30

Name of Payee

Anedot, Inc.

Date of Payment

05/04/2026

Method of Payment

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Check #

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Debit Card

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EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

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Amount

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Name of Payee

Anedot, Inc.

Date of Payment

05/04/2026

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Street Address

1340 Poydras St Ste 1770

City

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State

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70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

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Coordinated with reimbursement sought (joint expenditure)

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D

Amount

\$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/05/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

Expenditure #
(if applicable)

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

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Amount

\$6.30

Name of Payee

Anedot, Inc.

Date of Payment

05/05/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St Ste 1770

City

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State

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Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$6.30

Name of Payee

Anedot, Inc.

Date of Payment

05/05/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/06/2026

Method of Payment

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Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

Expenditure #
(if applicable)

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

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None of the below

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Amount

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Name of Payee

Anedot, Inc.

Date of Payment

05/06/2026

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Street Address

1340 Poydras St Ste 1770

City

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Purpose of
Expenditure (by code)

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Description

Anedot Donation Processing Fee

Event #

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Expenditure #
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Amount

\$6.30

Name of Payee

Anedot, Inc.

Date of Payment

05/06/2026

Method of Payment

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Check #

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Debit Card

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EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

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None of the below

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Coordinated without reimbursement sought (in-kind contribution)

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Organization

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D

Amount

\$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/14/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/15/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/16/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/17/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/18/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/19/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/19/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/19/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$6.30

Name of Payee

Anedot, Inc.

Date of Payment

05/19/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$6.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Whitney Mooney

Date of Payment

05/19/2026

Method of Payment

☒ Check #

319

☐ Debit Card☐ EFT

Street Address

1015 N Main Street Ext # N1

City

Wallingford

State

CT

Zip Code

06492

Purpose of
Expenditure (by code)

RMB

Description

Apex Crystal Award

Event #

05232026A

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

\$137.45

Name of Payee

Anedot, Inc.

Date of Payment

05/20/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/21/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Anedot, Inc.		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

Name of Payee Anedot, Inc.		Date of Payment 05/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Anedot, Inc.

Date of Payment

05/22/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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)

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Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

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B

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C

☐

D

Amount

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/22/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

\$3.30

Name of Payee

Anedot, Inc.

Date of Payment

05/23/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

05232026A

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

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B

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C

☐

D

Amount

\$3.30

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot, Inc.		Date of Payment 05/25/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			Event # 05232026A
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 \$6.30

Name of Payee Wallingford Center Inc		Date of Payment 05/27/2026	Method of Payment ☒ Check # 320 ☐ Debit Card ☐ EFT	
Street Address 144 Center St		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) Misc *	Description Celebrate Wallingford Event Fee			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 \$200.00

Name of Payee Anedot, Inc.		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St Ste 1770		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Anedot Donation Processing Fee			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 \$4.50

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Terrace on the Green		Date of Payment 05/29/2026	Method of Payment ☒ Check # 322 ☐ Debit Card ☐ EFT	
Street Address 37 Harrison Rd		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) FNDR *	Description Retirement party for Mary Mushinsky			Event # 05232026A
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 \$6,717.00
Name of Payee Tara Gorvine		Date of Payment 06/04/2026	Method of Payment ☒ Check # 323 ☐ Debit Card ☐ EFT	
Street Address 23 Elmwood Rd		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) RMB	Description Glass oval award - engraved			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 \$85.08
Name of Payee The R. Frank Printing Company		Date of Payment 06/25/2026	Method of Payment ☒ Check # 324 ☐ Debit Card ☐ EFT	
Street Address 184 Center St		City Wallingford	State CT	Zip Code 06492
Purpose of Expenditure (by code) Misc *	Description Mary Mushinsky Timeline Posters			Event # 05232026A
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 \$85.08

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Frances LaFrance-Proscino

Date of Payment

06/26/2026

Method of Payment

☒ X

Check # 325

☐

Debit Card

☐

EFT

Street Address

14 Jackson Ave

City

Wallingford

State

CT

Zip Code

06492

Purpose of
Expenditure (by code)

RMB

Description

Pizza for Peter Gouveia award

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$177.19

Name of Payee

Frances LaFrance-Proscino

Date of Payment

06/26/2026

Method of Payment

☒ X

Check # 326

☐

Debit Card

☐

EFT

Street Address

14 Jackson Ave

City

Wallingford

State

CT

Zip Code

06492

Purpose of
Expenditure (by code)

RMB

Description

Cake for Peter Gouveia award

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$46.99

Name of Payee

Anedot, Inc.

Date of Payment

06/27/2026

Method of Payment

☐

Check #

☐

Debit Card

☒ X

EFT

Street Address

1340 Poydras St Ste 1770

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

WEB

Description

Anedot Donation Processing Fee

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$4.50

Total of Section P**\$7,774.79**

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

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Wallingford Democratic Town Committee			July 10 Filing - Original	
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

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Wallingford Democratic Town Committee			July 10 Filing - Original	
S. Expenses Incurred By Committee but Not Paid During this Period				
Name of Creditor			Date Incurred	
Elizabeth Verna			05/04/2026	
Street Address		City		State
26 Mapleview Rd		Wallingford		CT
Zip Code		Event #		
06492		05232026A		
Purpose of Expenditure (by code)	Description			Event #
REF	Refund of Individual Contribution from state contractor. Refund check will be reported in August 4, 2026 Filing.			05232026A
Expenditure# (if applicable)	Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>)			Amount Incurred (Estimate or Actual)
	☒ None of the below			
	☐ Coordinated with reimbursement sought (joint expenditure)			
	☐ Independent			
	☐ Coordinated without reimbursement sought (in-kind contribution)			
	☐ Organization : ☐ A ☐ B ☐ C ☐ D			
Total of Section S				\$75.00

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Mooney	First Whitney	MI	Date of Payment to Vendor, Person or Entity 05/19/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Crown Awards		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 319 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 9 Skyline Dr		City Hawthorne	State NY
Purpose of Expenditure (by code) Misc *	Description Apex Crystal Award		Event # 05232026A
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$137.45
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			
Last Name of Worker/Consultant Gorvine	First Tara	MI	Date of Payment to Vendor, Person or Entity 06/04/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Barker Specialty Company		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 323 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 27 Realty Dr		City Cheshire	State CT
Purpose of Expenditure (by code) Misc *	Description Glass Oval Award - Engraved		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$85.08
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Wallingford Democratic Town Committee

July 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor, Person or Entity

LaFrance-Proscino

Frances

06/26/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant

Payment to Reimburse Committee Worker/Consultant as reported in Section P

Fabi's Pizza

☒ Check # 325☐ Debit Card☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant

City

State

Zip Code

560 S Main St

Wallingford

CT

06492

Purpose of Expenditure
(by code)

Description

Event #

Misc *

Pizza for Peter Gouveia award

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

\$177.19

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor, Person or Entity

LaFrance-Proscino

Frances

06/26/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant

Payment to Reimburse Committee Worker/Consultant as reported in Section P

Big Y

☒ Check # 325☐ Debit Card☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant

City

State

Zip Code

346 Washington Ave

North Haven

CT

06473

Purpose of Expenditure
(by code)

Description

Event #

Misc *

Cake for Peter Gouveia award

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

\$177.19

Total of Section T**\$576.91**

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
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
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