

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 14

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| West Haven Democratic Town Committee                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| First<br>Sherri                                                                                                                                                                                                                                                | MI<br>A                                                 | Last<br>Lepper                         | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Street Address<br>16 Alexander Dr                                                                                                                                                                                                                              | City<br>West Haven                                      | State<br>CT                            | Zip Code<br>06516                  |
| 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                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |                                                         |                                        |                                    |
| Electronic Filing<br>SIGNATURE                                                                                                                                                                                                                                 | Sherri Lepper<br>PRINT NAME OF THE SIGNER               | 07/05/2026 7:23:30AM<br>DATE CERTIFIED |                                    |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.                                                                                                  |                                                         |                                        |                                    |

**SEEC FORM 20**

## Itemized Campaign Finance Disclosure Statement

## CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                           | TYPE OF REPORT            |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| <b>West Haven Democratic Town Committee</b>                                                                                                              | July 10 Filing - Original |                       |
|                                                                                                                                                          | COLUMN A<br>This Period   | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees |                           | <b>\$2,848.53</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$2,379.30</b>         |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$1,500.00</b>         | <b>\$4,250.00</b>     |
| 15. Other Monetary Receipts (Section D through K)                                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                              | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                   |                           |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                        | <b>\$1,500.00</b>         | <b>\$4,250.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$3,879.30</b>         | <b>\$7,098.53</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$1,858.00</b>         | <b>\$5,077.23</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$2,021.30</b>         | <b>\$2,021.30</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)                                                                            | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)                                                                                                           | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25. Loan Balance                                                                                                                                         | <b>\$0.00</b>             |                       |
| 25a. + Loans Received (Section D)                                                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)                                                                                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25c. - Payments on Loan                                                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount                                                                                                                       | <b>\$0.00</b>             |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)                                                                                                      | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)                                                                                               | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)                                                                           | <b>\$0.00</b>             |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)                                                                           | <b>\$0.00</b>             |                       |

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| West Haven 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****B. Itemized Contributions from Individuals**

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

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

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

**C1. Contributions from Other Committees**

|                                       |             |                                                                                                                                                                      |                             |                                          |
|---------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|
| Name of Committee<br>A New Day PAC    |             | Name of Treasurer<br>Jason Zammiello                                                                                                                                 |                             |                                          |
| Address<br>22 Saranac Rd              |             | Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, list Event # |                             | Amount of Contribution<br><br>\$1,500.00 |
| City<br>Milford                       | State<br>CT | Zip Code<br>06461                                                                                                                                                    | Date Received<br>06/13/2026 |                                          |
| Aggregate Contributions<br>\$1,500.00 |             |                                                                                                                                                                      |                             |                                          |
| <b>Total of Section C1</b>            |             |                                                                                                                                                                      |                             | <b>\$1,500.00</b>                        |

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

|                                      |                           |
|--------------------------------------|---------------------------|
| NAME OF COMMITTEE                    | TYPE OF REPORT            |
| West Haven 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<br>Reimbursement for shared expense<br>Surplus Distribution |  |                   |
| Expenditure # (if applicable) | Description |          |                                                                          |  |                   |
| <b>Total of Section C2</b>    |             |          |                                                                          |  |                   |

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

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

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE

TYPE OF REPORT

West Haven 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

West Haven 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

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

NAME OF COMMITTEE

TYPE OF REPORT

West Haven Democratic Town Committee

July 10 Filing - Original

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (*Organization Committees ONLY*)**

Date of Receipt

Amount

**Total of Section G**

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

| NAME OF COMMITTEE                    | TYPE OF REPORT            |
|--------------------------------------|---------------------------|
| West Haven 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                                                               | Amount |
|---------------------------|---------------------------------------------------------------------------------|--------|
|                           | Cash                      Personal Check                      Credit/Debit Card |        |
| <b>Total of Section H</b> |                                                                                 |        |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| West Haven 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 |
| <b>Total of Section J</b> |               |                     |

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

| NAME OF COMMITTEE                    | TYPE OF REPORT            |
|--------------------------------------|---------------------------|
| West Haven 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               |                     |                     |
| <b>Total of Section K</b> |                     |                     |

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

|                                                                                                                                             |        |                                                                                                                                                                                                                 |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                              |        | TYPE OF REPORT                                                                                                                                                                                                  |                                         |
| West Haven Democratic Town Committee                                                                                                        |        | July 10 Filing - Original                                                                                                                                                                                       |                                         |
| <b>L1. Event Information</b>                                                                                                                |        |                                                                                                                                                                                                                 |                                         |
| Event #<br>Date of Event                                                                                                                    | Letter | Description                                                                                                                                                                                                     | Was this a fundraising event?<br>Yes No |
| Location: Street Address                                                                                                                    |        | City                                                                                                                                                                                                            | State Zip Code                          |
| Subpart 1: (All Committees)                                                                                                                 |        | (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.) |                                         |
| Was this event hosted at a personal residence?                                                                                              |        | Yes No                                                                                                                                                                                                          |                                         |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? |        | Yes No (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)                                                                                             |                                         |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                   |        | Yes No (If yes, enter Total Receipts here.)                                                                                                                                                                     |                                         |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)                              |        | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)                                                                                     |                                         |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        | Yes No                                                                                                                                                                                                          |                                         |
| Subpart 3: (Town Committees ONLY)                                                                                                           |        | (If yes, enter Total Receipts here.)                                                                                                                                                                            |                                         |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                    |        | Yes No                                                                                                                                                                                                          |                                         |
| Total of Section L1                                                                                                                         |        |                                                                                                                                                                                                                 |                                         |

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

|                                                                                |         |                                                                              |                                                       |
|--------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         | TYPE OF REPORT                                                               |                                                       |
| West Haven Democratic Town Committee                                           |         | July 10 Filing - Original                                                    |                                                       |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |                                                                              |                                                       |
| Name of Purchaser                                                              |         | Purchase Made By:<br>Business Entity Other<br>Individual/Sole Proprietorship |                                                       |
| Street Address                                                                 |         | City                                                                         | State Zip Code                                        |
| Date Received                                                                  | Event # | Aggregate Purchases for All Events                                           | Amount of Program Ad Purchase Amount of Sign Purchase |
| Total of Section L3                                                            |         |                                                                              |                                                       |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| West Haven 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            |
|--------------------------------------------------------------------------------|---------------------------|
| West Haven 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**

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

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

**M. In-Kind Contributions**

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

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

| NAME OF COMMITTEE                    | TYPE OF REPORT            |
|--------------------------------------|---------------------------|
| West Haven 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

West Haven Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee

Smart Financial Services

Date of Payment

06/24/2026

Method of Payment

☒ X

Check # 420

☐

Debit Card

☐

EFT

Street Address

447 Campbell Ave

City

West Haven

State

CT

Zip Code

06516

Purpose of  
Expenditure (by code)

OVHD

Description

Head Quarter Rent July 2026

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

\$1,200.00

Name of Payee

St. Lawrence Golf Tournament

Date of Payment

06/24/2026

Method of Payment

☒ X

Check # 419

☐

Debit Card

☐

EFT

Street Address

n/a

City

West Haven

State

CT

Zip Code

06516

Purpose of  
Expenditure (by code)

CHAR

Description

Donation in honor of Steve Dargan

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

\$100.00

Name of Payee

Smart Financial Services

Date of Payment

06/30/2026

Method of Payment

☒ X

Check # 422

☐

Debit Card

☐

EFT

Street Address

447 Campbell Ave

City

West Haven

State

CT

Zip Code

06516

Purpose of  
Expenditure (by code)

OVHD

Description

General Liability Premium

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

\$558.00

**Total of Section P****\$1,858.00**

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

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

**IV. EXPENDITURES**

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

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

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

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

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

### Section R. ADDENDUM

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

### Section S. ADDENDUM

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

### Section T. ADDENDUM

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