SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Kate Cerrone for Probate

2. TREASURER NAME

First	MI	Last	Suffix
Erica	**J**	**Kesselman**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
73 Loyola Rd	**Woodstock**	**CT**	**06281**

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*
11/03/2026	**Judge of Probate**	**J026**

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Kathleen	**M**	**Cerrone**	

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	**Jennifer Leo**	**07/01/2026 9:51:17AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Kate Cerrone for Probate	**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		**$0.00**
12. Balance on hand at the beginning of Reporting Period	**$0.00**	
13. Contributions received from Individuals (Section A and B)	**$4,325.00**	**$4,325.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$250.00**	**$250.00**
15. Other Monetary Receipts (Section D through K)	**$75.00**	**$75.00**
16a. Total Proceeds from Small Puchases (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)	**$4,650.00**	**$4,650.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$4,650.00**	**$4,650.00**
19. Expenses Paid by Committee (Section P)	**$1,078.64**	**$1,078.64**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$3,571.36**	**$3,571.36**
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)	**$70.13**	**$70.13**
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)	**$5,240.86**	**$5,240.86**
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)	**$2,506.01**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$2,506.01**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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	First Name	MI
Pempek	J. Scott	

Residential Street Address	City	State	Zip Code
90 Five Mile River Rd	Putnam	CT	06260

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/21/2026	$100.00	$100.00

Last Name	First Name	MI
Moquin	Sandra	B

Residential Street Address	City	State	Zip Code
41 Lake View Dr	Ashford	CT	06278

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/21/2026	$50.00	$50.00

Last Name	First Name	MI
Dunn	Laura	

Residential Street Address	City	State	Zip Code
29 E Franklin St	Danielson	CT	06239

Principal Occupation	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

Amount of Contribution

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

Method of Contribution	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/26/2026	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Kate Cerrone for Probate

TYPE OF REPORT: July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Desjardins	Karla	

Residential Street Address	City	State	Zip Code
398 Plainfield Pike Rd	Plainfield	CT	06374

Principal Occupation	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? ☐ 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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/31/2026	$50.00	$50.00

Last Name	First Name	MI
Cerrone	Barbara	

Residential Street Address	City	State	Zip Code
88 Halley Dr	Blue Point	NY	11772

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
06/03/2026	$200.00	$200.00

Last Name	First Name	MI
Huoppi	Margie	B

Residential Street Address	City	State	Zip Code
233 Pomfret St	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
06/03/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Baker	Robert	

Residential Street Address	City	State	Zip Code
296 Barrett Hill Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/07/2026	$104.80	$50.00

Last Name	First Name	MI
Bellavance	Joe	

Residential Street Address	City	State	Zip Code
6 Brown Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Self-Employed	JBellavance Consulting

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/07/2026	$104.48	$100.00

Last Name	First Name	MI
Baker	Robert	

Residential Street Address	City	State	Zip Code
296 Barrett Hill Rd	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/07/2026	$104.80	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Garcia	Linda	R

Residential Street Address	City	State	Zip Code
300 Walnut St	Putnam	CT	06260

Principal Occupation	Name of Employer
RN	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: $200.00

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

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/11/2026	$200.00

Last Name	First Name	MI
Boyd	Patrick	

Residential Street Address	City	State	Zip Code
398 Pomfret St	Pomfret	CT	06258

Principal Occupation	Name of Employer
Teacher	Pomfret School

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: $100.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/16/2026	$104.48

Last Name	First Name	MI
Folsom	John	

Residential Street Address	City	State	Zip Code
95 Wolf Den Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Retired	N/A

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: $100.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/16/2026	$104.48

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Wishart	Raymond	E

Residential Street Address	City	State	Zip Code
70 Wrights Crossing Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Network Engineer	Cox Communications

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: $100.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/16/2026	$104.48

Last Name	First Name	MI
Heald	Marlene	

Residential Street Address	City	State	Zip Code
493 Taft Pond Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Retired	N/A

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: $50.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/17/2026	$52.40

Last Name	First Name	MI
Dilorio	Sara	

Residential Street Address	City	State	Zip Code
78 Swedetown Rd	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Teacher	Rectory School

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: $100.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/17/2026	$104.48

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Bagley	Eugenie	E

Residential Street Address	City	State	Zip Code
54 Ashford Dr	Ashford	CT	06278

Principal Occupation	Name of Employer
Bookkeeper/tax accountant	SK Mechanical, 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? ☐ 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

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
06/22/2026	$25.00	$25.00

Last Name	First Name	MI
Collins	Mary	

Residential Street Address	City	State	Zip Code
46 Kearney Frk	Pomfret Center	CT	06259

Principal Occupation	Name of Employer
Realtor	Berkshire Hathaway

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? ☐ 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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$521.15	$500.00

Last Name	First Name	MI
Dziki	Nancy	

Residential Street Address	City	State	Zip Code
92 Day St	Brooklyn	CT	06234

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
06/23/2026	$208.65	$200.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Wheaton	Lauren	

Residential Street Address	City	State	Zip Code
176 Laurel Point Rd	Dayville	CT	06241

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/25/2026	$250.00	$250.00

Last Name	First Name	MI
Smith	Joan	T

Residential Street Address	City	State	Zip Code
8 Stafford Dr	South Huntington	NY	11746

Principal Occupation	Name of Employer
Retired	N/A

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/25/2026	$1,000.00	$1,000.00

Last Name	First Name	MI
McLean	James	

Residential Street Address	City	State	Zip Code
3221 Apache Rd	Pittsburgh	PA	15241

Principal Occupation	Name of Employer
Attorney	Buchanan Ingersoll & Rooney

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? ☐ 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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/29/2026	$260.73	$250.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
McLean	David	

Residential Street Address	City	State	Zip Code
2522 Shenandoah Dr	Pittsburgh	PA	15241

Principal Occupation	Name of Employer
Architect	McLean Architects

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: $500.00

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

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/29/2026	$500.00

Last Name	First Name	MI
Summers	Pamela	

Residential Street Address	City	State	Zip Code
105 Nagy Rd	Ashford	CT	06278

Principal Occupation	Name of Employer
Retired	N/A

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: $100.00

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

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/30/2026	$100.00

Total of Section B	**$4,325.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$4,325.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Putnam Democratic Town Committee	Kirsten Forrester

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
18 Leyden St	☐ Yes ☒ No If yes, list Event #	

City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Putnam	CT	06260	06/03/2026	$250.00	$250.00

Total of Section C1	**$250.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Kate Cerrone for Probate	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
Kate Cerrone for Probate	July 10 Filing - Original

D. Loans Received this Period

Name of Lender	Source of Loan: Bank Candidate Individual Other			Date of Receipt
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
Kate Cerrone for Probate	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
Kate Cerrone for Probate	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
Kate Cerrone for Probate	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
Kate Cerrone for Probate	July 10 Filing - Original

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
05/21/2026	[X] Cash [ ] Personal Check [ ] Credit/Debit Card	$25.00
06/04/2026	[ ] Cash [ ] Personal Check [X] Credit/Debit Card	$50.00

Total of Section H **$75.00**

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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
Kate Cerrone for Probate	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
Kate Cerrone for Probate	July 10 Filing - Original

L1. Event Information

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes / No
Location: Street Address	City	State / Zip Code

Subpart 1: (All Committees) Was this event hosted at a personal residence?	Yes / No	*(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes / No	*(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases 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) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	Yes / No	*(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes / No	*(If yes*, enter Total Receipts here.)
		Total of Section L1

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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
Kate Cerrone for Probate	July 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

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

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: Joe Bellavance

Street Address	City	State	Zip Code
6 Brown Rd	Brooklyn	CT	06234

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/07/2026

Aggregate contributions: $104.48

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $4.48

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Name: Robert Baker

Street Address	City	State	Zip Code
296 Barrett Hill Rd	Brooklyn	CT	06234

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/07/2026

Aggregate contributions: $104.80

Description of In-Kind Contribution: Anedot Online Processing Fee (1st Transaction 6/7)

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $2.40

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: Robert Baker

Street Address	City	State	Zip Code
296 Barrett Hill Rd	Brooklyn	CT	06234

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/07/2026

Aggregate contributions: $104.80

Description of In-Kind Contribution: Anedot Online Processing Fee (2nd Transaction 6/7)

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $2.40

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Name: Raymond E Wishart

Street Address	City	State	Zip Code
70 Wrights Crossing Rd	Pomfret Center	CT	06259

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/16/2026

Aggregate contributions: $104.48

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $4.48

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: John Folsom

Street Address: 95 Wolf Den Rd | City: Pomfret Center | State: CT | Zip Code: 06259

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/16/2026

Aggregate contributions: $104.48

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $4.48

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Name: Patrick Boyd

Street Address: 398 Pomfret St | City: Pomfret | State: CT | Zip Code: 06258

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/16/2026

Aggregate contributions: $104.48

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $4.48

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: Sara Dilorio

Street Address	City	State	Zip Code
78 Swedetown Rd	Pomfret Center	CT	06259

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/17/2026

Aggregate contributions: $104.48

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $4.48

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

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Name: Marlene Heald

Street Address	City	State	Zip Code
493 Taft Pond Rd	Pomfret Center	CT	06259

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/17/2026

Aggregate contributions: $52.40

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $2.40

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: Nancy Dziki

Street Address	City	State	Zip Code
92 Day St	Brooklyn	CT	06234

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/23/2026

Aggregate contributions: $208.65

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $8.65

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Name: Mary Collins

Street Address	City	State	Zip Code
46 Kearney Frk	Pomfret Center	CT	06259

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/23/2026

Aggregate contributions: $521.15

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $21.15

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

M. In-Kind Contributions

Name: James McLean

Street Address	City	State	Zip Code
3221 Apache Rd	Pittsburgh	PA	15241

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received: 06/29/2026

Aggregate contributions: $260.73

Description of In-Kind Contribution: Anedot Online Processing Fee

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] 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: $10.73

Is this contribution associated with an event reported in Section L1? [ ] Yes [x] No

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Total of Section M	$70.13

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Kate Cerrone for Probate	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	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section N	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Harland Clarke Corp.	05/27/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
15955 La Cantera Pkwy	San Antonio	TX	78256

Purpose of Expenditure (by code)	Description	Event #
BNK	Check Order	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$77.32

Name of Payee	Date of Payment	Method of Payment
Anedot Inc.	06/15/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3723 Greenville Ave Ste 41002	Dallas	TX	75206

Purpose of Expenditure (by code)	Description	Event #
WEB	Online Contribution Fees 4/1/26 thru 6/30/26	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$45.80

Name of Payee	Date of Payment	Method of Payment
Jennifer Leo	06/15/2026	☒ Check # 1001 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
447 Church St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Paycheck 6-1-26 - 6-12-26	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	$470.09

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Jennifer Leo	06/22/2026	[X] Check # 1002 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
447 Church St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Paycheck 6/15-6/19	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$220.22

Name of Payee	Date of Payment	Method of Payment
Jennifer Leo	06/29/2026	[X] Check # 1003 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
447 Church St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Paycheck 6/22/26-6/26/26	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$220.22

Name of Payee	Date of Payment	Method of Payment
Chase Graphics Inc.	06/29/2026	[X] Check # 1004 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
124 School St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #
PRNT	2 Name Badges	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$44.99

Total of Section P	**$1,078.64**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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?
Courthouse Bar and Grille	05/21/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
121 Main St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #	Amount
FOOD	Convention for name to be added to ballot		$1,085.66

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Dunn Marketing	05/27/2026	[ ] Yes [X] No

Street Address	City	State	Zip Code
140 Main St Ste 1	Danielson	CT	06239

Purpose of Expenditure (by code)	Description	Event #	Amount
A-OTH	Setup&Design: social, website,messaging QR code, mailer design		$2,734.85

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Twenty Six (26) Front St	05/29/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
155 Providence St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #	Amount
OVHD	Rent for office space- 28 Front Street		$600.00

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
USPS	06/15/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
189 Main St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	Post Office Box Rental Fee 12 Months		$196.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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?
Vistaprint	06/18/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
95 Hayden Ave	Lexington	MA	02421

Purpose of Expenditure (by code)	Description	Event #	Amount
PRNT	100 Thank you Note cards printed		$151.59

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
Dunn Marketing	06/22/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
140 Main St Ste 1	Danielson	CT	06239

Purpose of Expenditure (by code)	Description	Event #	Amount
A-DM	Cost of Mailers		$446.24

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
USPS	06/23/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
189 Main St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	14 Stamps		$10.92

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed?
USPS	06/24/2026	[X] Yes [ ] No

Street Address	City	State	Zip Code
189 Main St	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #	Amount
POST	Book Of Stamps		$15.60

Total of Section Q	**$5,240.86**

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor: Kate Cerrone
Date Incurred: 04/16/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): POST
Description: Post Office Box Rental Fee 12 Months
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $196.00

Name of Creditor: Kate Cerrone
Date Incurred: 05/21/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): FOOD
Description: Convention for name to be added to Ballot- Courthouse Bar and Grille
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $1,085.66

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor: Kate Cerrone
Date Incurred: 05/29/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): OVHD
Description: Rent for office space- 28 Front Street Paid 26 Front Street LLC
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $600.00

Name of Creditor: Kate Cerrone
Date Incurred: 06/17/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): A-DM
Description: Cost of mailers-Dunn Marketing
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $446.24

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor: Kate Cerrone
Date Incurred: 06/18/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): PRNT
Description: 100 Thank you Notes printed- Vistaprint
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $151.59

Name of Creditor: Kate Cerrone
Date Incurred: 06/23/2026
Street Address: 53 Ragged Hill Rd
City: Pomfret Center
State: CT
Zip Code: 06259
Purpose of Expenditure (by code): POST
Description: 14 Stamps
Event #:
Expenditure# (if applicable):
Type of Expenditure *(Itemization in Addendum S 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 Incurred (Estimate or Actual): $10.92

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	July 10 Filing - Original

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Kate Cerrone			06/24/2026	
Street Address	**City**		**State**	**Zip Code**
53 Ragged Hill Rd	Pomfret Center		CT	06259
Purpose of Expenditure (by code)	**Description**			**Event #**
POST	Book Of Stamps			

Expenditure# (if applicable)	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*	Amount Incurred (Estimate or Actual)
	[X] None of the below	
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	$15.60
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization : [ ] A [ ] B [ ] C [ ] D	

Total of Section S	**$2,506.01**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Kate Cerrone for Probate	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

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
	Check # Debit Card EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

Expenditure #	Type of Expenditure (Itemization in Addendem 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	

Total of Section T	

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? **Yes** **No**	Aggregating Committees

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee