

**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 31

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                         |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Guilford Democratic Town Committee                                                                                                                                                                                                                             |                                                         |                                         |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| First<br>Todd                                                                                                                                                                                                                                                  | MI                                                      | Last<br>Fanciullo                       | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Street Address<br>203 Whitfield St                                                                                                                                                                                                                             | City<br>Guilford                                        | State<br>CT                             | Zip Code<br>06437                  |
| 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<br>04/01/2026                                                                                                                                                                                                                                   |                                                         |                                         |                                    |
| Ending Date<br>06/30/2026                                                                                                                                                                                                                                      |                                                         |                                         |                                    |
| thru                                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| 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                                                                                                                                                                                                                                 | Todd Fanciullo<br>PRINT NAME OF THE SIGNER              | 07/04/2026 11:06:02PM<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>Guilford 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>\$1,927.30</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$2,861.61</b>         |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$4,157.33</b>         | <b>\$5,955.50</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</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>\$4,157.33</b>         | <b>\$5,955.50</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$7,018.94</b>         | <b>\$7,882.80</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$4,277.11</b>         | <b>\$5,140.97</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$2,741.83</b>         | <b>\$2,741.83</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            |
| Guilford Democratic Town Committee                                             | July 10 Filing - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$0.00****B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|
| Last Name<br>Kelly                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Robert        |                                    | MI                     |
| Residential Street Address<br>23 Orchard View Rd                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    | City<br>Guilford            | State<br>CT                        | Zip Code<br>06437      |
| Principal Occupation<br>Teacher                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>NH BOE  |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/09/2026 | Aggregate Contributions<br>\$52.40 |                        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                    | \$52.40                |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------|
| Last Name<br>Sommer                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    | First Name<br>Howard        |                                     | MI                     |
| Residential Street Address<br>20 Christopher Ln                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | City<br>Guilford            | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>Rabbi                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Retired |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/20/2026 | Aggregate Contributions<br>\$104.48 |                        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                     | \$104.48               |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|------------------------|
| Last Name<br>Kops                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | First Name<br>Steve         |                                     | MI                     |
| Residential Street Address<br>162 Sconset Ln                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | City<br>Guilford            | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>Retired                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Retired |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/20/2026 | Aggregate Contributions<br>\$104.48 |                        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                     | \$104.48               |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Meyer</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Edward</b>        |                                           | MI                       |
| Residential Street Address<br><b>407 Mulberry Point Rd</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Retired</b> |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/21/2026</b> | Aggregate Contributions<br><b>\$52.40</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Federici</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Carolyn</b>       |                                           | MI                       |
| Residential Street Address<br><b>55 Church St</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Retired</b> |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/23/2026</b> | Aggregate Contributions<br><b>\$75.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           | <b>\$75.00</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                             |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Robinson</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>John</b>                                   |                                            | MI                       |
| Residential Street Address<br><b>79 Elm St</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>                                     | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Software developer</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Connecticut Hospital Association</b> |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                                             |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                             |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/24/2026</b>                          | Aggregate Contributions<br><b>\$104.80</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                             |                                            | <b>\$52.40</b>           |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>carlson</b>                                                                                                                                                                                                           |  | First Name<br><b>suzanne</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>16 Dunham Dr</b>                                                                                                                                                                                     |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/03/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$26.35</b> |                          |
| <div style="text-align: right;"><b>\$26.35</b></div>                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Balestracci</b>                                                                                                                                                                                                       |  | First Name<br><b>Kathleen</b>                                                                                                                                                                                                                                                                                      |                                            | MI                       |
| Residential Street Address<br><b>421 Willow Rd</b>                                                                                                                                                                                    |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Research Faculty</b>                                                                                                                                                                                       |  | Name of Employer<br><b>Yale University</b>                                                                                                                                                                                                                                                                         |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/03/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$156.56</b> |                          |
| <div style="text-align: right;"><b>\$156.56</b></div>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>goetz</b>                                                                                                                                                                                                             |  | First Name<br><b>philip</b>                                                                                                                                                                                                                                                                                        |                                            | MI                       |
| Residential Street Address<br><b>497 Three Corners Rd</b>                                                                                                                                                                             |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Sole Proprietor</b>                                                                                                                                                                                        |  | Name of Employer<br><b>ABT Media, LLC</b>                                                                                                                                                                                                                                                                          |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/03/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                          |
| <div style="text-align: right;"><b>\$104.48</b></div>                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Widlitz</b>                                                                                                                                                                                                           |  | First Name<br><b>Patricia</b>                                                                                                                                                                                                                                                                                      |                                            | MI                       |
| Residential Street Address<br><b>12 Island Bay Cir</b>                                                                                                                                                                                |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/04/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$350.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Hadley</b>                                                                                                                                                                                                            |  | First Name<br><b>Nicholas</b>                                                                                                                                                                                                                                                                                      |                                            | MI                       |
| Residential Street Address<br><b>411 Mulberry Point Rd</b>                                                                                                                                                                            |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/04/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$204.48</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Ruoff</b>                                                                                                                                                                                                             |  | First Name<br><b>Sandra</b>                                                                                                                                                                                                                                                                                        |                                            | MI<br><b>J</b>           |
| Residential Street Address<br><b>1066 Little Meadow Rd</b>                                                                                                                                                                            |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/04/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Carlson                                                                                                                                                                                                                  |  | First Name<br>Martha                                                                                                                                                                                                                                                                                               |                                     | MI                     |
| Residential Street Address<br>33 Horseshoe Rd                                                                                                                                                                                         |  | City<br>Guilford                                                                                                                                                                                                                                                                                                   | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>retired                                                                                                                                                                                                       |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/04/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$204.48 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     | \$104.48               |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Ogren                                                                                                                                                                                                                    |  | First Name<br>Roy                                                                                                                                                                                                                                                                                                  |                                     | MI                     |
| Residential Street Address<br>80 Orchard View Rd                                                                                                                                                                                      |  | City<br>Guilford                                                                                                                                                                                                                                                                                                   | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>Retired                                                                                                                                                                                                       |  | Name of Employer<br>Retired                                                                                                                                                                                                                                                                                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/05/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$313.13 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     | \$104.48               |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Dattola                                                                                                                                                                                                                  |  | First Name<br>Rita                                                                                                                                                                                                                                                                                                 |                                     | MI                     |
| Residential Street Address<br>356 Saw Mill Rd                                                                                                                                                                                         |  | City<br>Guilford                                                                                                                                                                                                                                                                                                   | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>none                                                                                                                                                                                                          |  | Name of Employer<br>retired                                                                                                                                                                                                                                                                                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/05/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$100.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     | \$50.00                |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>COLBURN</b>                                                                                                                                                                                                           |  | First Name<br><b>PETER</b>                                                                                                                                                                                                                                                                                         |                                            | MI                       |
| Residential Street Address<br><b>57 Meadow Hills Dr</b>                                                                                                                                                                               |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/06/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$260.73</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$260.73</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Gordon</b>                                                                                                                                                                                                            |  | First Name<br><b>K</b>                                                                                                                                                                                                                                                                                             |                                           | MI                       |
| Residential Street Address<br><b>White Birch</b>                                                                                                                                                                                      |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>prefer not to answer</b>                                                                                                                                                                                   |  | Name of Employer<br><b>NOneOFur</b>                                                                                                                                                                                                                                                                                |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/16/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$52.40</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>OKeefe</b>                                                                                                                                                                                                            |  | First Name<br><b>Cathy</b>                                                                                                                                                                                                                                                                                         |                                            | MI                       |
| Residential Street Address<br><b>64 Nut Plains Rd W</b>                                                                                                                                                                               |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>RN</b>                                                                                                                                                                                                     |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/22/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

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

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

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Rose</b>                                                                                                                                                                                                              |  | First Name<br><b>Margaret &amp; James</b>                                                                                                                                                                                                                                                                          |                                            | MI                       |
| Residential Street Address<br><b>869 Maple Hill Rd</b>                                                                                                                                                                                |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/27/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Crice</b>                                                                                                                                                                                                             |  | First Name<br><b>Kathi</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>103 Schoolside Ln</b>                                                                                                                                                                                |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Psychologist</b>                                                                                                                                                                                           |  | Name of Employer<br><b>Kathleen Croce, Ph. D.</b>                                                                                                                                                                                                                                                                  |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$52.40</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Dockray</b>                                                                                                                                                                                                           |  | First Name<br><b>Wendy</b>                                                                                                                                                                                                                                                                                         |                                            | MI                       |
| Residential Street Address<br><b>30 Long HI Farm</b>                                                                                                                                                                                  |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired Freelance Writer</b>                                                                                                                                                                               |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Tracy</b>                                                                                                                                                                                                             |  | First Name<br><b>Gerald</b>                                                                                                                                                                                                                                                                                        |                                           | MI                       |
| Residential Street Address<br><b>55 York St</b>                                                                                                                                                                                       |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>64337</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$26.35</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$26.35</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>M Christiani</b>                                                                                                                                                                                                      |  | First Name<br><b>Lindsey</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>37 Joan Dr</b>                                                                                                                                                                                       |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Communications Specialist</b>                                                                                                                                                                              |  | Name of Employer<br><b>Yale University</b>                                                                                                                                                                                                                                                                         |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$52.40</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Kestner</b>                                                                                                                                                                                                           |  | First Name<br><b>Mary Jo</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>131 Boston St</b>                                                                                                                                                                                    |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Architect</b>                                                                                                                                                                                              |  | Name of Employer<br><b>Campaigne Kestner Architects</b>                                                                                                                                                                                                                                                            |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$76.35</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$26.35</b>           |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Welsh</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Susan</b>         |                                            | MI                       |
| Residential Street Address<br><b>106 Union St</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Retired</b> |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>05/29/2026</b> | Aggregate Contributions<br><b>\$104.80</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                  |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Schmidt</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Jennifer</b>                    |                                           | MI                       |
| Residential Street Address<br><b>942 Little Meadow Rd</b>                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>                          | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>President</b>                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>RiverBench Consulting</b> |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                  |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>05/29/2026</b>               | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                  |                                           | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                            |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Brewster</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Charles</b>                               |                                            | MI                       |
| Residential Street Address<br><b>119 Whitfield St</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | City<br><b>Guilford</b>                                    | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Financial Advisor</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Brewster Financial Planning LLC</b> |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                                            |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                            |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>05/29/2026</b>                         | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                            |                                            | <b>\$100.00</b>          |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Renzi</b>                                                                                                                                                                                                             |  | First Name<br><b>Margaret</b>                                                                                                                                                                                                                                                                                      |                                            | MI                       |
| Residential Street Address<br><b>815 Mulberry Point Rd</b>                                                                                                                                                                            |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>film producer</b>                                                                                                                                                                                          |  | Name of Employer<br><b>Anarchists Convention</b>                                                                                                                                                                                                                                                                   |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Sommer</b>                                                                                                                                                                                                            |  | First Name<br><b>Howard</b>                                                                                                                                                                                                                                                                                        |                                            | MI                       |
| Residential Street Address<br><b>20 Christopher Ln</b>                                                                                                                                                                                |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Rabbi</b>                                                                                                                                                                                                  |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$156.88</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$52.40</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                              |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|
| Last Name<br><b>hersh</b>                                                                                                                                                                                                             |  | First Name<br><b>richard</b>                                                                                                                                                                                                                                                                                       |                                              | MI                       |
| Residential Street Address<br><b>18 Fair St</b>                                                                                                                                                                                       |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                           | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Professor</b>                                                                                                                                                                                              |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                              |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                              | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$1,000.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                              | <b>\$1,000.00</b>        |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Caplan</b>                                                                                                                                                                                                            |  | First Name<br><b>Lindsay</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>1 Wingate Rd</b>                                                                                                                                                                                     |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Art History Professor</b>                                                                                                                                                                                  |  | Name of Employer<br><b>Brown University</b>                                                                                                                                                                                                                                                                        |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Kohn</b>                                                                                                                                                                                                              |  | First Name<br><b>Donald</b>                                                                                                                                                                                                                                                                                        |                                           | MI                       |
| Residential Street Address<br><b>165 Saw Mill Rd</b>                                                                                                                                                                                  |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Goldfarb</b>                                                                                                                                                                                                          |  | First Name<br><b>Amy</b>                                                                                                                                                                                                                                                                                           |                                           | MI                       |
| Residential Street Address<br><b>49 S Fair St</b>                                                                                                                                                                                     |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Psychologist</b>                                                                                                                                                                                           |  | Name of Employer<br><b>Amy E Goldfarb, PhD</b>                                                                                                                                                                                                                                                                     |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/29/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$26.35</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$26.35</b>           |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|--------------------------|
| Last Name<br><b>Kops</b>                                                                                                                                                                                                              |  | First Name<br><b>Lisa</b>                                                                                                                                                                                                                                                                                          |                                           | MI                 |                          |
| Residential Street Address<br><b>162 Sconset Ln</b>                                                                                                                                                                                   |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            |                                           | State<br><b>CT</b> | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Registrar if Voters</b>                                                                                                                                                                                    |  | Name of Employer<br><b>Town of Guilford</b>                                                                                                                                                                                                                                                                        |                                           |                    |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                           |                    | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                    |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/31/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$52.40</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$52.40</b>     |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|--------------------------|
| Last Name<br><b>Hadley</b>                                                                                                                                                                                                            |  | First Name<br><b>Nicholas</b>                                                                                                                                                                                                                                                                                      |                                            | MI                 |                          |
| Residential Street Address<br><b>411 Mulberry Point Rd</b>                                                                                                                                                                            |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            |                                            | State<br><b>CT</b> | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>retired</b>                                                                                                                                                                                                                                                                                 |                                            |                    |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            |                    | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                    |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/01/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$308.96</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>    |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|--------------------------|
| Last Name<br><b>Meyer</b>                                                                                                                                                                                                             |  | First Name<br><b>Patricia</b>                                                                                                                                                                                                                                                                                      |                                            | MI                 |                          |
| Residential Street Address<br><b>407 Mulberry Point Rd</b>                                                                                                                                                                            |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            |                                            | State<br><b>CT</b> | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                    |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                            |                    | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                    |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/01/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>    |                          |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Leonard</b>                                                                                                                                                                                                           |  | First Name<br><b>Jeffrey</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>178 Durham Rd</b>                                                                                                                                                                                    |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/02/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$104.48</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Balestracci</b>                                                                                                                                                                                                       |  | First Name<br><b>Kathleen</b>                                                                                                                                                                                                                                                                                      |                                            | MI                       |
| Residential Street Address<br><b>421 Willow Rd</b>                                                                                                                                                                                    |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Research Faculty</b>                                                                                                                                                                                       |  | Name of Employer<br><b>Yale University</b>                                                                                                                                                                                                                                                                         |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/03/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$261.04</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$104.48</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Federici</b>                                                                                                                                                                                                          |  | First Name<br><b>Carolyn</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>55 Church St</b>                                                                                                                                                                                     |  | City<br><b>Guilford</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                         | Zip Code<br><b>06437</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/03/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$127.40</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$52.40</b>           |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Gordon                                                                                                                                                                                                                   |  | First Name<br>Kirsha                                                                                                                                                                                                                                                                                               |                                     | MI                     |
| Residential Street Address<br>White Birch                                                                                                                                                                                             |  | City<br>Guilford                                                                                                                                                                                                                                                                                                   | State<br>CT                         | Zip Code<br>06437      |
| Principal Occupation<br>researcher                                                                                                                                                                                                    |  | Name of Employer<br>Yale                                                                                                                                                                                                                                                                                           |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No    |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> 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:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>06/19/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$104.80 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     | \$52.40                |
| <b>Total of Section B</b>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                    |                                     | <b>\$4,157.33</b>      |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                    |                                     | <b>\$4,157.33</b>      |

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

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

Guilford Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

**C1. Contributions from Other Committees**

|                            |       |                                                                                                         |                   |                        |
|----------------------------|-------|---------------------------------------------------------------------------------------------------------|-------------------|------------------------|
| Name of Committee          |       |                                                                                                         | Name of Treasurer |                        |
| Address                    |       | Is this contribution associated with an event reported in Section L1?<br>Yes No<br>If yes, list Event # |                   | Amount of Contribution |
| City                       | State | Zip Code                                                                                                | Date Received     |                        |
| Aggregate Contributions    |       |                                                                                                         |                   |                        |
| <b>Total of Section C1</b> |       |                                                                                                         |                   |                        |

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

|                                    |                           |
|------------------------------------|---------------------------|
| NAME OF COMMITTEE                  | TYPE OF REPORT            |
| Guilford 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            |
| Guilford 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

Guilford 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

Guilford 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

Guilford 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            |                   |
| Guilford Democratic Town Committee                                                         |                   | July 10 Filing - Original |                   |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                           |                   |
| Date of Receipt                                                                            | Method of Payment |                           | Amount            |
|                                                                                            | Cash              | Personal Check            | Credit/Debit Card |
| Total of Section H                                                                         |                   |                           |                   |

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

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

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

|                                                                        |      |                           |          |
|------------------------------------------------------------------------|------|---------------------------|----------|
| NAME OF COMMITTEE                                                      |      | TYPE OF REPORT            |          |
| Guilford Democratic Town Committee                                     |      | July 10 Filing - Original |          |
| <b>K. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |                           |          |
| Name                                                                   |      | Date of Transaction       |          |
|                                                                        |      |                           |          |
| 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                                                                                                                                                                                                                      |                                         |
| Guilford 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                          |
| <i>Subpart 1: (All Committees)</i><br>Was this event hosted at a personal residence?                                                                                                                                               |        | Yes<br>No<br><i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |                                         |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                                                                                        |        | Yes<br>No<br><i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>                                                                                                    |                                         |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                                                                                                          |        | Yes<br>No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |                                         |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? |        | Yes<br>No<br><i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>                                                                                     |                                         |
| <i>Subpart 3: (Town Committees ONLY)</i><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                                                               |        | Yes<br>No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |                                         |
| <b>Total of Section L1</b>                                                                                                                                                                                                         |        |                                                                                                                                                                                                                                     |                                         |

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

|                                                                                |         |                                                                              |                                                       |
|--------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------|-------------------------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         | TYPE OF REPORT                                                               |                                                       |
| Guilford 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 |
| <b>Total of Section L3</b>                                                     |         |                                                                              |                                                       |

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

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

Guilford Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Blue Wave Printing            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>04/01/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>146 Sheldon Rd               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Manchester            | State<br>CT                                                                                                                          | Zip Code<br>06042      |
| Purpose of Expenditure (by code)<br><br>A-SIGN | Description<br>Vote Yes on Budget Signs, Blue Wave Printing, Invoice # 60118322                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$578.69 |

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                       |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Mailchimp                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>04/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                       |
| Street Address<br>405 N Angier Ave NE         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Atlanta               | State<br>GA                                                                                                                          | Zip Code<br>30312     |
| Purpose of Expenditure (by code)<br><br>A-ATM | Description<br>Mailchimp order MC23641777 - Apr 26 - The Rocket Science Group, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                                                                      | Event #               |
| Expenditure # (if applicable)                 | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$26.77 |

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>U.S. Post Office            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>04/13/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>42 Water St                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Guilford              | State<br>CT                                                                                                                          | Zip Code<br>06437      |
| Purpose of Expenditure (by code)<br><br>POST | Description<br>Annual post office box fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$216.00 |

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

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

TYPE OF REPORT

Guilford Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Deluxe Corporation            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>04/23/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>801 S Marquette Ave          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Minneapolis           | State<br>MN                                                                                                                          | Zip Code<br>55402      |
| Purpose of Expenditure (by code)<br><br>OFFICE | Description<br>Check refill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$100.11 |

  

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Scale To Win                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/04/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>13742 Harper St             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Santa Ana             | State<br>CA                                                                                                                          | Zip Code<br>92703      |
| Purpose of Expenditure (by code)<br><br>A-ATM | Description<br>Scale To Win Invoice 37277                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                 | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$195.09 |

  

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                          |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Name of Payee<br>Shore Publishing              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/05/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                          |
| Street Address<br>200 State St                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>New London            | State<br>CT                                                                                                                          | Zip Code<br>06320        |
| Purpose of Expenditure (by code)<br><br>A-NEWS | Description<br>Shore Publishing - DTC Guilford Courier Add order # s01115989                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                      | Event #                  |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$1,470.00 |

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

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

TYPE OF REPORT

Guilford Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Mailchimp                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>405 N Angier Ave NE                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Atlanta               | State<br>GA                                                                                                                          | Zip Code<br>30312      |
| Purpose of Expenditure (by code)<br><br>A-ATM         | Description<br>Mailchimp order MC23887077 - The Rocket Science Group, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$26.77  |
| Name of Payee<br>Blue Wave Printing                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/11/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>146 Sheldon Rd                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Manchester            | State<br>CT                                                                                                                          | Zip Code<br>06042      |
| Purpose of Expenditure (by code)<br><br>A-SIGN        | Description<br>Vote Yes on Budget Signs, Blue Wave Printing, Invoice 60120047                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$439.08 |
| Name of Payee<br>Scale To Win                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/02/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>455 Market St Ste 1940 , PMB 546116 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>San Francisco         | State<br>CA                                                                                                                          | Zip Code<br>94105      |
| Purpose of Expenditure (by code)<br><br>A-ATM         | Description<br>Scale To Win Invoice 38052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                         | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$174.41 |

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

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

TYPE OF REPORT

Guilford Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Tyco Copy Service             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/04/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>618 Main St                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Branford              | State<br>CT                                                                                                                          | Zip Code<br>06405      |
| Purpose of Expenditure (by code)<br><br>A-SIGN | Description<br>Budget 2026 Signs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$167.50 |
| Name of Payee<br>Blue Wave Printing            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>146 Sheldon Rd               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Manchester            | State<br>CT                                                                                                                          | Zip Code<br>06042      |
| Purpose of Expenditure (by code)<br><br>A-SIGN | Description<br>Vote Yes on Budget Signs, Blue Wave Printing, Invoice #60121105                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$677.59 |
| Name of Payee<br>Mailchimp                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/08/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>405 N Angier Ave NE          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Atlanta               | State<br>GA                                                                                                                          | Zip Code<br>30312      |
| Purpose of Expenditure (by code)<br><br>A-ATM  | Description<br>Mailchimp order MC24123837 - The Rocket Science Group, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$26.77  |

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| Guilford Democratic Town Committee                                             | July 10 Filing - Original |
| <b>P. Expenses Paid By Committee</b>                                           |                           |

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                        |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Anedot                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/19/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT |                        |
| Street Address<br>1340 Poydras St Ste 1770  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>New Orleans           | State<br>LA                                                                                                                          | Zip Code<br>70112      |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Anedot Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                      | Event #                |
| Expenditure # (if applicable)               | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                      | Amount<br><br>\$178.33 |

**Total of Section P****\$4,277.11****IV. EXPENDITURES (Sections P - T)**

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

**Q. Campaign Expenses Paid By Candidate**

|                                                                              |             |                 |                                        |          |
|------------------------------------------------------------------------------|-------------|-----------------|----------------------------------------|----------|
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) |             | Date of Payment | Is Reimbursement Claimed?<br>Yes    No |          |
| Street Address                                                               |             | City            | State                                  | Zip Code |
| Purpose of Expenditure (by code)                                             | Description | Event #         | Amount                                 |          |

**Total of Section Q**

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              |                           |          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              | <b>TYPE OF REPORT</b>     |          |
| Guilford 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> <div>Visa</div> <div>Master Card</div> <div>Discover</div> <div>American Express</div> <div>Other</div> </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><br><div> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Coordinated without reimbursement sought (in-kind contribution)</div> </div> <div> <div>Independent</div> <div>Organization</div> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div> |  |                                                                                                                                              |                           | Amount   |
| <b>Total of Section R</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              |                           |          |

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      |                           |                                      |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|---------------------------|--------------------------------------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                   |  |      | <b>TYPE OF REPORT</b>     |                                      |
| Guilford 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 (Itemization in Addendum S Required unless "None of the below" is checked)<br><br><div> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Coordinated without reimbursement sought (in-kind contribution)</div> </div> <div> <div>Independent</div> <div>Organization :</div> <div>A</div> <div>B</div> <div>C</div> <div>D</div> </div> |  |      |                           | 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            |
|--------------------------------------------------------------------------------|---------------------------|
| Guilford Democratic Town Committee                                             | July 10 Filing - Original |

**T. Itemization of Reimbursements and Secondary Payees**

|                                                                                |                                                                                                                                                                                                                   |       |                                                                           |                                             |          |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------|---------------------------------------------|----------|
| Last Name of Worker/Consultant                                                 |                                                                                                                                                                                                                   | First | MI                                                                        | Date of Payment to Vendor, Person or Entity |          |
| 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 Addendum T Required unless "None of the below" is checked)                                                                                                                   |       |                                                                           |                                             | Amount   |
|                                                                                | None of the below<br>Coordinated with reimbursement sought (joint expenditure)      Independent<br>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**

|                                |  |
|--------------------------------|--|
| <b>Event #</b>                 |  |
| 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 |