

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 36

COVER PAGE

1. NAME OF COMMITTEE			
Madison Democratic Town Committee			
2. TREASURER NAME			
First Maureen	MI D	Last Burke	Suffix
3. TREASURER ADDRESS			
Street Address 230 Copse Rd	City Madison	State CT	Zip Code 06443
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 04/01/2026			
Ending Date 06/30/2026			
thru			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Maureen Burke PRINT NAME OF THE SIGNER	07/06/2026 3:19:41PM 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	
Madison Democratic Town Committee	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$838.35
12. Balance on hand at the beginning of Reporting Period	\$2,107.19	
13. Contributions received from Individuals (Section A and B)	\$3,519.92	\$5,669.92
14. Receipts from Other Committees (Sections C1 and C2)	\$133.99	\$133.99
15. Other Monetary Receipts (Section D through K)	\$535.98	\$600.70
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$4,189.89	\$6,404.61
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$6,297.08	\$7,242.96
19. Expenses Paid by Committee (Section P)	\$2,984.77	\$3,930.65
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$3,312.31	\$3,312.31
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$404.76	\$404.76
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Madison 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 Wilcox		First Name Kit		MI D
Residential Street Address 485 Warpas Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Unemployed		Name of Employer Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/10/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Tattersall		First Name Lynn		MI
Residential Street Address 36 Sandlewood Dr		City Madison	State CT	Zip Code 06443
Principal Occupation Assistant Librarian		Name of Employer Henry Hull Library , Clinton CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/15/2026	Aggregate Contributions \$10.73	
				\$10.73

Last Name Braisted		First Name Bettina		MI
Residential Street Address 155 Boston Post Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Custom flag and Banner Design		Name of Employer Self Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/05/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Rivers		First Name Alison		MI
Residential Street Address 15 Willard Ave		City Madison	State CT	Zip Code 06443
Principal Occupation Marketing VP		Name of Employer Riverside Community Care		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/05/2026	Aggregate Contributions \$52.40	
				\$52.40

Last Name Goldberg		First Name Al		MI
Residential Street Address 13 Canborne Way		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/13/2026	Aggregate Contributions \$31.56	
				\$31.56

Last Name Lorenz		First Name Mary		MI
Residential Street Address 81 River Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Emergency Telecommunications		Name of Employer Northwest CT Public Safety		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$68.02	
				\$68.02

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Joseff		First Name Matthew		MI
Residential Street Address 129 Green Hill Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Director - Fraud Division		Name of Employer Cisco		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/27/2026	Aggregate Contributions \$177.40	
				\$177.40

Last Name O'Sullivan		First Name Thomas		MI
Residential Street Address 30 Highview Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Campaign Coordinator		Name of Employer Larson for Congress		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/27/2026	Aggregate Contributions \$52.40	
				\$52.40

Last Name Davis		First Name Stephen		MI
Residential Street Address 110 Overshore Dr		City Madison	State CT	Zip Code 06443
Principal Occupation retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/27/2026	Aggregate Contributions \$260.73	
				\$260.73

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Joseff		First Name Jessica		MI
Residential Street Address 129 Green Hill Rd ,		City Madison	State CT	Zip Code 06443
Principal Occupation Therapist		Name of Employer Jessica Joseff LMFT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/28/2026	Aggregate Contributions \$230.52	
				\$130.52

Last Name Zaaijer		First Name John		MI
Residential Street Address 606 Opening Hill Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$152.40	
				\$52.40

Last Name Aron		First Name Mark		MI
Residential Street Address 27 Scenic Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Psychologist		Name of Employer Self employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$130.52	
				\$130.52

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Anderson		First Name Sydney		MI
Residential Street Address 98 Great Hammock Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation realtor		Name of Employer self-employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$31.56	
				\$31.56

Last Name Stein		First Name Kate		MI
Residential Street Address 84 Bartlett Dr		City Madison	State CT	Zip Code 06443
Principal Occupation Patient Relations Specialist		Name of Employer Yale New Haven Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$52.40	
				\$52.40

Last Name Wilen		First Name Jessica		MI D
Residential Street Address 53 Dairy Hill Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Executive Coach		Name of Employer Jessica Wilen Coaching, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$115.00	
				\$65.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Burke		First Name Maureen		MI D
Residential Street Address 230 Copse Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Homemaker		Name of Employer Homemaker		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$118.02	
				\$68.02

Last Name Rivers		First Name Alison		MI
Residential Street Address 15 Willard Ave		City Madison	State CT	Zip Code 06443
Principal Occupation Marketing VP		Name of Employer Riverside Community Care		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$152.40	
				\$100.00

Last Name Goldberg		First Name Al		MI
Residential Street Address 13 Canborne Way		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/05/2026	Aggregate Contributions \$63.12	
				\$31.56

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ruotolo		First Name Randy		MI
Residential Street Address 86 Genesee Ln		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/05/2026	Aggregate Contributions \$130.52	
				\$130.52

Last Name O'Connor		First Name Robert		MI
Residential Street Address 72 Laurel Crest Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Program Director		Name of Employer National Science Foundation		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/05/2026	Aggregate Contributions \$152.40	
				\$52.40

Last Name Hession		First Name Jude		MI
Residential Street Address 368 Bartlett Dr		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/05/2026	Aggregate Contributions \$52.40	
				\$52.40

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Walker		First Name Joan		MI
Residential Street Address 39 Stepping Stone Ln		City Madison	State CT	Zip Code 06443
Principal Occupation Treasurer		Name of Employer UNAPEN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☒ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$1,175.00	
				\$1,000.00

Last Name Carlson		First Name Martha		MI
Residential Street Address 33 Horseshoe Rd		City Guilford	State CT	Zip Code 06437
Principal Occupation Deputy Comptroller		Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$130.52	
				\$130.52

Last Name Ovian		First Name Julie		MI
Residential Street Address 317 Boston Post Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Realtor		Name of Employer William Pitt Sotheby's		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$31.56	
				\$31.56

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lyons		First Name Peggy		MI
Residential Street Address 176 Horse Pond Rd		City Madison	State CT	Zip Code 06443
Principal Occupation First Selectman		Name of Employer Town		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$260.73	
				\$260.73

Last Name Kerr		First Name Walter		MI
Residential Street Address 31 Woodlawn Ave		City Madison	State CT	Zip Code 06443
Principal Occupation Executive Director		Name of Employer Unlock Aid		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$102.40	
				\$52.40

Last Name Augusta		First Name Robert		MI C
Residential Street Address 526 Durham Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$115.00	
				\$65.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Klaskin		First Name Seth		MI
Residential Street Address 130 Overbrook Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Lawyer		Name of Employer Self employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Stein		First Name Kate		MI
Residential Street Address 84 Bartlett Dr		City Madison	State CT	Zip Code 06443
Principal Occupation Patient Relations Specialist		Name of Employer Yale New Haven Hospital		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$102.40	
				\$50.00

Last Name Levatino		First Name Paul		MI
Residential Street Address 171 Bradley Corners Rd		City Madison	State CT	Zip Code 06443
Principal Occupation University Chairperson		Name of Employer State of CT-SCSU		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 05072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$52.40	
				\$52.40

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Singleton		First Name Joan		MI
Residential Street Address 19 Field Brook Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$118.02	
				\$68.02

Last Name Murphy		First Name Scott		MI
Residential Street Address 63 Nursery Ln		City Madison	State CT	Zip Code 06443
Principal Occupation Operations Director		Name of Employer Accenture		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$26.35	
				\$26.35

Last Name Wilcox		First Name Kit		MI D
Residential Street Address 485 Warpas Rd		City Madison	State CT	Zip Code 06443
Principal Occupation Unemployed		Name of Employer Unemployed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$80.00	
				\$30.00

I. MONETARY RECEIPTS (Section A-K)

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

Madison Democratic Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Van Luling		First Name Zachary		MI
Residential Street Address 18 Boulder Dr		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Political Consultant		Name of Employer City and State LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>05072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$52.40	
				\$52.40
Total of Section B				\$3,519.92
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$3,519.92

I. MONETARY RECEIPTS (Section A-K)

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

Madison 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? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	
Aggregate Contributions				
Total of Section C1				

I. MONETARY RECEIPTS (Section A-K)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee Durham Democratic Town Committee			Name of Treasurer Martin Anderson		
Address PO Box 531			Date Received 06/10/2026		Amount of Receipt \$133.99
City Durham	State CT	Zip Code 06422	Payment Type ☒ Reimbursement for shared expense ☐ Surplus Distribution		
Expenditure # (if applicable)	Description JMP convention expenses				
Total of Section C2					\$133.99

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Madison 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
			Aggregate Contributions	
City	State	Zip Code		
Total of Section E				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Madison 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
Madison 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	
Madison Democratic Town Committee		July 10 Filing - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Madison Democratic Town Committee		July 10 Filing - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
Hession, Jude		04/21/2026	
Street Address	City	State	Zip Code
368 Bartlett Dr	Madison	CT	06443
Description			Amount Received
Check never cashed			\$35.98
Name		Date of Transaction	
Madison Beach and Recreation		06/10/2026	
Street Address	City	State	Zip Code
8 Town Campus Dr	Madison	CT	06443
Description			Amount Received
Refund of JMP Convention Deposit			\$500.00
Total of Section K			\$535.98

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # Date of Event 04/29/2026	Letter A	Description Fair Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 8 Meeting House Ln		City Madison	State CT	Zip Code 06443
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	

Event # Date of Event 05/07/2026	Letter A	Description Party Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 28 Hidden Springs Rd		City Madison	State CT	Zip Code 06443
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☒ Yes ☐ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☒ Yes ☐ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # Date of Event 05/20/2026	Letter A	Description Convention Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address Madison Surf Club		City Madison	State CT	Zip Code 06443
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

Event # Date of Event 06/27/2026	Letter A	Description Party Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address Madison Surf Club		City Madison	State CT	Zip Code 06443
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Madison Democratic Town Committee				July 10 Filing - Original	
L1. Event Information					
Event # Date of Event 07/04/2026	Letter A	Description Other Event		Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address Madison Downtown		City Madison	State CT	Zip Code 06443	
Subpart 1: (All Committees) Was this event hosted at a personal residence?		☐ Yes ☒ No	(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)		
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	(If yes, enter Total Receipts here.)		\$0.00
Total of Section L1				\$0.00	

II. EVENT ACTIVITY (Sections L1 - L5)

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

Name Joan Walker			
Street Address 39 Stepping Stone Ln		City Madison	State CT
Zip Code 06443			
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 06/07/2026	Aggregate contributions \$175.00	Description of In-Kind Contribution Alcohol
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Fair Market Value of this Contribution \$125.00
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		
If yes, list Event# <u>05072026A</u>			

Name Maureen D Burke			
Street Address 230 Copse Rd		City Madison	State CT
Zip Code 06443			
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 06/17/2026	Aggregate contributions \$175.75	Description of In-Kind Contribution Etsy credit towards stickers for seed packets
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Fair Market Value of this Contribution \$57.73
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		
If yes, list Event# <u>06272026A</u>			

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Kate Stein					
Street Address 84 Bartlett Dr		City Madison		State CT	Zip Code 06443
Type of Contributor:	☐ Committee	Date Received	Aggregate contributions	Description of In-Kind Contribution	
☒ Individual / Sole Proprietorship	☐ Other	06/26/2026	\$324.43	Banner with new MDTC logo	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		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?			Fair Market Value of this Contribution
☐ Yes ☒ No		☐ Yes ☐ No			
Is this contribution associated with an event reported in Section L1?		Is contributor a principal of state contractor or prospective state contractor?			
☐ Yes ☒ No		☐ Yes ☒ No			
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			
		\$222.03			

Total of Section M

\$404.76

III. Non Monetary Receipts (Sections M - O)

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Joan Singleton		Date of Payment 04/13/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 19 Field Brook Rd		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) RMB	Description Patch Ad for Advocacy Fair			Event # 04292026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$47.25
Name of Payee Mailchimp		Date of Payment 04/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 675 Ponce De Leon Ave .		City Atlanta	State GA	Zip Code 30308
Purpose of Expenditure (by code) Misc *	Description email service for distributing monthly newsletter			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$26.77
Name of Payee Walden Pond Design		Date of Payment 05/01/2026	Method of Payment ☒ Check # 70107701 ☐ Debit Card ☐ EFT	
Street Address 40 Wildrose Ave		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) WEB	Description Domain hosting & email for madisondemocrats.org			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$85.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Blue Edge Strategies		Date of Payment 05/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 54 Robert Ln		City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) A-ATM	Description GOTV texts and calls re Town Budget			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$243.50
Name of Payee M&T Bank		Date of Payment 05/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 752 Boston Post Rd		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) BNK	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$10.00
Name of Payee Madison Beach and Recreation		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Campus Dr		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) Misc *	Description Room Rental Fee (\$500 was reimbursable deposit)			Event # 05202026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$675.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee SquareSpace		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) Misc *	Description MDTC main email			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$228.11

Name of Payee SquareSpace		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) WEB	Description Email Hosting (nominations@)			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$178.67

Name of Payee SquareSpace		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) WEB	Description email hosting (treasurer@)			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$178.67

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee SquareSpace		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) WEB	Description email hosting (chair@)			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$178.67

Name of Payee SquareSpace		Date of Payment 05/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) WEB	Description Domain madisonctdems.org (through 2027)			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$52.11

Name of Payee dollar tree		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 880 Boston Post Rd		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) Misc *	Description decorations			Event # 05202026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$15.15

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Big Y		Date of Payment 05/21/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 830 Boston Post Rd		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) FOOD	Description Cake			Event # 05202026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$87.86

Name of Payee Creations		Date of Payment 05/26/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 698 Boston Post Rd		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) Gift *	Description Thank you gifts for Joan and Paul			Event # 05072026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$171.00

Name of Payee Bob Donahue		Date of Payment 06/12/2026	Method of Payment ☒ Check # 70447114 ☐ Debit Card ☐ EFT	
Street Address 28 Hidden Springs Rd		City Madison	State CT	Zip Code 06443
Purpose of Expenditure (by code) RMB	Description Food for Davis event			Event # 05072026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$262.86

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee SquareSpace		Date of Payment 06/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) WEB	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$91.89

Name of Payee SquareSpace		Date of Payment 06/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 8 Clarkson St		City New York	State NY	Zip Code 00001-0014
Purpose of Expenditure (by code) Misc *	Description Email service for monthly newsletter			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$86.78

Name of Payee ETSY		Date of Payment 06/17/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 117 Adams St		City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure (by code) Gift *	Description Stickers for seed packet give away			Event # 06272026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$94.44

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee ETSY Uplift		Date of Payment 06/17/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 117 Adams St		City Brooklyn	State NY	Zip Code 11201
Purpose of Expenditure (by code) Misc *	Description Donation round up			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$0.56

Name of Payee Amazon		Date of Payment 06/22/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 400 Terry Ave .		City North Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) Gift *	Description Seeds for seed packet give away			Event # 06272026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$19.99

Name of Payee Amazon		Date of Payment 06/23/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 400 Terry Ave .		City North Seattle	State WA	Zip Code 98109
Purpose of Expenditure (by code) Gift *	Description envelopes for seed packet give away			Event # 06272026A
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$27.64

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Madison Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

The Home Depot

Date of Payment

06/25/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

75 Frontage Rd

City

East Haven

State

CT

Zip Code

06512

Purpose of
Expenditure (by code)

Misc *

Description

Paint for parade signs

Event #

07042026A

Expenditure #
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Independent☐ Coordinated without reimbursement sought (in-kind contribution)☐ Organization☐ A☐ B☐ C☐ D

Amount

\$55.77

Name of Payee

Amazon

Date of Payment

06/30/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

400 Terry Ave .

City

North Seattle

State

WA

Zip Code

98109

Purpose of
Expenditure (by code)

Misc *

Description

bubble maker for 4th of July Parade

Event #

07042026A

Expenditure #
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Independent☐ Coordinated without reimbursement sought (in-kind contribution)☐ Organization☐ A☐ B☐ C☐ D

Amount

\$21.26

Name of Payee

Anedot

Date of Payment

06/30/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

1340 Poydras St

City

New Orleans

State

LA

Zip Code

70112

Purpose of
Expenditure (by code)

Misc *

Description

transaction fees

Event #

Expenditure #
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Independent☐ Coordinated without reimbursement sought (in-kind contribution)☐ Organization☐ A☐ B☐ C☐ D

Amount

\$145.82

Total of Section P**\$2,984.77**

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

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

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

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Singleton		First Joan	MI	Date of Payment to Vendor, Person or Entity 04/09/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant The Patch			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 675 Avenue of the Americas		City New York		State NY	Zip Code 10010
Purpose of Expenditure (by code) A-WEB	Description Patch Ad for Advocacy Fair				Event # 04292026A
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D				Amount \$47.25
Last Name of Worker/Consultant Donahue		First Bob	MI	Date of Payment to Vendor, Person or Entity 06/07/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Stop & Shop			Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 70447114 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 128 Samson Rock Dr		City Madison		State CT	Zip Code 06443
Purpose of Expenditure (by code) FOOD	Description Food for Davis event				Event # 05072026A
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D				Amount \$262.86
Total of Section T					\$310.11

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

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

Section R. ADDENDUM

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

Section S. ADDENDUM

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

Section T. ADDENDUM

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