

**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 32

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Granby Democratic Town Committee                                                                                                                                                                                                                               |                                                         |                                        |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| First<br>Ellen                                                                                                                                                                                                                                                 | MI<br>A                                                 | Last<br>Thomson                        | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Street Address<br>250 Salmon Brook St                                                                                                                                                                                                                          | City<br>Granby                                          | State<br>CT                            | Zip Code<br>06035                  |
| 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                                                                                                                                                                                                                                 | Robert Feingold<br>PRINT NAME OF THE SIGNER             | 07/04/2026 1:55:21PM<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>Granby 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>\$1,253.38</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$2,469.80</b>         |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$2,530.00</b>         | <b>\$4,505.00</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>\$2,530.00</b>         | <b>\$4,505.00</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$4,999.80</b>         | <b>\$5,758.38</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$800.32</b>           | <b>\$1,558.90</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$4,199.48</b>         | <b>\$4,199.48</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>\$687.68</b>           | <b>\$687.68</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            |
| Granby 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>Anderson                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | First Name<br>Iora           |                                    | MI                |
| Residential Street Address<br>2 Jewel St                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    | City<br>Enfield              | State<br>CT                        | Zip Code<br>06062 |
| Principal Occupation<br>COS                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>St of CT |                                    |                   |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/06/2026  | Aggregate Contributions<br>\$20.00 | \$20.00           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                       |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Dirienzo                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | First Name<br>Victoria                |                                     | MI                |
| Residential Street Address<br>3 Powder Mill Ln                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | City<br>North Granby                  | State<br>CT                         | Zip Code<br>06060 |
| Principal Occupation<br>Development Officer                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>McLean Affiliates |                                     |                   |
| 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 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/06/2026           | Aggregate Contributions<br>\$100.00 | \$100.00          |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>Brady                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Francis       |                                     | MI<br>J           |
| Residential Street Address<br>14 Thronebrook Rd                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | City<br>West Granby         | State<br>CT                         | Zip Code<br>06090 |
| Principal Occupation<br>Attorney                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    | 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 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/06/2026 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Bentley</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>William</b>       |                                            | MI                       |
| Residential Street Address<br><b>329 N Granby Rd</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | City<br><b>North Granby</b>        | State<br><b>CT</b>                         | Zip Code<br><b>06060</b> |
| Principal Occupation                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | 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 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/13/2026</b> | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Graham</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Dramere</b>                   |                                            | MI                       |
| Residential Street Address<br><b>280 Salmon Brook St</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    | City<br><b>Granby</b>                          | State<br><b>CT</b>                         | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Business Architect</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Travelers Insurance</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 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 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>04/16/2026</b>             | Aggregate Contributions<br><b>\$750.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                |                                            | <b>\$500.00</b>          |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Chapple</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Margaret</b>      |                                            | MI                       |
| Residential Street Address<br><b>10 Burleigh Dr</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    | City<br><b>Granby</b>              | State<br><b>CT</b>                         | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Attorney</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 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 checked="" type="checkbox"/> Personal Check <input 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>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            | <b>\$100.00</b>          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>McNey</b>                                                                                                                                                                                                             |  | First Name<br><b>Karen</b>                                                                                                                                                                                                                                                                                         |                                            | MI<br><b>N</b>           |
| Residential Street Address<br><b>80 Barn Door Hills Rd</b>                                                                                                                                                                            |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                         | Zip Code<br><b>06035</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 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 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>06/10/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$140.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$40.00</b>           |

  

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Thomson</b>                                                                                                                                                                                                           |  | First Name<br><b>Ellen</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>PO Box 322</b>                                                                                                                                                                                       |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</b> |
| Principal Occupation                                                                                                                                                                                                                  |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                           |                          |
| 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 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 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>06/11/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

  

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Moore</b>                                                                                                                                                                                                             |  | First Name<br><b>Beverly</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>116 Canton Rd</b>                                                                                                                                                                                    |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</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 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 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>06/11/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Griffin</b>                                                                                                                                                                                                           |  | First Name<br><b>Royal</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>41 Fern Hollow Dr</b>                                                                                                                                                                                |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06036</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 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 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>06/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
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| Last Name<br><b>Zafian</b>                                                                                                                                                                                                            |  | First Name<br><b>Ruthann</b>                                                                                                                                                                                                                                                                                       |                                           | MI<br><b>B</b>           |
| Residential Street Address<br><b>33 Pendleton Rd</b>                                                                                                                                                                                  |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</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 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>06/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

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| Last Name<br><b>Moffa</b>                                                                                                                                                                                                             |  | First Name<br><b>Dr. Frederick</b>                                                                                                                                                                                                                                                                                 |                                            | MI                       |
| Residential Street Address<br><b>20 Copper Hill Rd</b>                                                                                                                                                                                |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                         | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Doctor of optometry</b>                                                                                                                                                                                    |  | Name of Employer<br><b>Granby Family Eye Care, 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 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 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>06/16/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$265.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$40.00</b>           |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Dirienzo</b>                                                                                                                                                                                                          |  | First Name<br><b>Victoria</b>                                                                                                                                                                                                                                                                                      |                                           | MI<br><b>K</b>           |
| Residential Street Address<br><b>3 Powder Mill Ln</b>                                                                                                                                                                                 |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        | State<br><b>CT</b>                        | Zip Code<br><b>06060</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 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 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>06/16/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
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| Last Name<br><b>Chapple</b>                                                                                                                                                                                                           |  | First Name<br><b>Margaret</b>                                                                                                                                                                                                                                                                                      |                                           | MI<br><b>Q</b>           |
| Residential Street Address<br><b>10 Burleigh Dr</b>                                                                                                                                                                                   |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                               |  | Name of Employer<br><b>Cowdery, Murphy and Healy, 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 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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lombardo</b>                                                                                                                                                                                                          |  | First Name<br><b>Heather</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>19 Broad Hill Rd</b>                                                                                                                                                                                 |  | City<br><b>West Granby</b>                                                                                                                                                                                                                                                                                         | State<br><b>CT</b>                        | Zip Code<br><b>06090</b> |
| Principal Occupation<br><b>TV network executive</b>                                                                                                                                                                                   |  | Name of Employer<br><b>ESPN</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 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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$40.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$40.00</b>           |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------|--------------------------|
| Last Name<br><b>Gagliardo</b>                                                                                                                                                                                                         |  | First Name<br><b>Gayle</b>                                                                                                                                                                                                                                                                                         |                                           | MI                 |                          |
| Residential Street Address<br><b>18 Hilltop Dr</b>                                                                                                                                                                                    |  | City<br><b>Weatogue</b>                                                                                                                                                                                                                                                                                            |                                           | State<br><b>CT</b> | Zip Code<br><b>06089</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 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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>     |                          |

  

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| Last Name<br><b>Donna</b>                                                                                                                                                                                                             |  | First Name<br><b>Laura</b>                                                                                                                                                                                                                                                                                         |                                            | MI                 |                          |
| Residential Street Address<br><b>18 Farmview Ln</b>                                                                                                                                                                                   |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              |                                            | State<br><b>CT</b> | Zip Code<br><b>06035</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 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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$250.00</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$250.00</b>    |                          |

  

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| Last Name<br><b>Simpson</b>                                                                                                                                                                                                           |  | First Name<br><b>Lynette</b>                                                                                                                                                                                                                                                                                       |                                            | MI                 |                          |
| Residential Street Address<br><b>10 Reed Hill Rd</b>                                                                                                                                                                                  |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              |                                            | State<br><b>CT</b> | Zip Code<br><b>06035</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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$140.00</b> |                    |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$40.00</b>     |                          |



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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Leshinskie</b>                                                                                                                                                                                                        |  | First Name<br><b>Andrea</b>                                                                                                                                                                                                                                                                                        |                                           | MI<br><b>M</b>           |
| Residential Street Address<br><b>131 Mountain Rd</b>                                                                                                                                                                                  |  | City<br><b>East Hartland</b>                                                                                                                                                                                                                                                                                       | State<br><b>CT</b>                        | Zip Code<br><b>06027</b> |
| Principal Occupation<br><b>Veterinary Technician</b>                                                                                                                                                                                  |  | Name of Employer<br><b>Salmon Brook Veterinary Hospital</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 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 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>06/17/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Wooden</b>                                                                                                                                                                                                            |  | First Name<br><b>Isaias</b>                                                                                                                                                                                                                                                                                        |                                           | MI                       |
| Residential Street Address<br><b>16 Whitehall Pl</b>                                                                                                                                                                                  |  | City<br><b>Farmington</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06117</b> |
| Principal Occupation<br><b>student</b>                                                                                                                                                                                                |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                           |                          |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$60.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$60.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                            |  | First Name<br><b>Chris</b>                                                                                                                                                                                                                                                                                         |                                            | MI                       |
| Residential Street Address<br><b>149 Loomis St</b>                                                                                                                                                                                    |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        | State<br><b>CT</b>                         | Zip Code<br><b>06060</b> |
| Principal Occupation<br><b>Sales</b>                                                                                                                                                                                                  |  | Name of Employer<br><b>Genesys cloud serviced</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$200.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$200.00</b>          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Armentano</b>                                                                                                                                                                                                         |  | First Name<br><b>Francis</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>204 Mountain Rd</b>                                                                                                                                                                                  |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        | State<br><b>CT</b>                         | Zip Code<br><b>06060</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$120.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Russell</b>                                                                                                                                                                                                           |  | First Name<br><b>David</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>33 Spring Glen Dr</b>                                                                                                                                                                                |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Roberts</b>                                                                                                                                                                                                           |  | First Name<br><b>David</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>6 Thronebrook Rd</b>                                                                                                                                                                                 |  | City<br><b>West Granby</b>                                                                                                                                                                                                                                                                                         | State<br><b>CT</b>                        | Zip Code<br><b>06090</b> |
| Principal Occupation                                                                                                                                                                                                                  |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                           |                          |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Neale</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Charles</b>       |                                           | MI                       |
| Residential Street Address<br><b>39 Spencer Brook Rd</b>                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                    | City<br><b>New Hartford</b>        | State<br><b>CT</b>                        | Zip Code<br><b>06057</b> |
| Principal Occupation                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>06/18/2026</b> | Aggregate Contributions<br><b>\$40.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           | <b>\$40.00</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                          |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lavitt</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Robert</b>              |                                           | MI<br><b>G</b>           |
| Residential Street Address<br><b>5 Whitman Dr</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | City<br><b>Granby</b>                    | State<br><b>CT</b>                        | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>Amyota Surety</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>06/18/2026</b>       | Aggregate Contributions<br><b>\$40.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                          |                                           | <b>\$40.00</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lareau</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>John</b>          |                                           | MI<br><b>P</b>           |
| Residential Street Address<br><b>17 Reed Hill Rd</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | City<br><b>Granby</b>              | State<br><b>CT</b>                        | Zip Code<br><b>06035</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>06/18/2026</b> | Aggregate Contributions<br><b>\$40.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                           | <b>\$40.00</b>           |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Feingold</b>                                                                                                                                                                                                          |  | First Name<br><b>Robert</b>                                                                                                                                                                                                                                                                                        |                                           | MI<br><b>W</b>           |
| Residential Street Address<br><b>7 Burleigh Drive Granby Ct # 603</b>                                                                                                                                                                 |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Printer</b>                                                                                                                                                                                                |  | Name of Employer<br><b>The Yankee Flyer</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Eastwood</b>                                                                                                                                                                                                          |  | First Name<br><b>Valerie</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>10 Haven Dr</b>                                                                                                                                                                                      |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                         | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>General Counsel</b>                                                                                                                                                                                        |  | Name of Employer<br><b>MED EL</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$807.68</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Dimarto</b>                                                                                                                                                                                                           |  | First Name<br><b>Leslie</b>                                                                                                                                                                                                                                                                                        |                                           | MI                       |
| Residential Street Address<br><b>2 Main St</b>                                                                                                                                                                                        |  | City<br><b>Riverton</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06065</b> |
| Principal Occupation                                                                                                                                                                                                                  |  | Name of Employer<br><b>Riverton general stor</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Cook                                                                                                                                                                                                                     |  | First Name<br>Meaghan                                                                                                                                                                                                                                                                                              |                                    | MI                     |
| Residential Street Address<br>432 E River Rd                                                                                                                                                                                          |  | City<br>Riverton                                                                                                                                                                                                                                                                                                   | State<br>CT                        | Zip Code<br>06063      |
| Principal Occupation<br>First Selectman                                                                                                                                                                                               |  | Name of Employer<br>town of Barkhamsted                                                                                                                                                                                                                                                                            |                                    |                        |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$20.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$20.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Brady                                                                                                                                                                                                                    |  | First Name<br>Francis                                                                                                                                                                                                                                                                                              |                                     | MI<br>J                |
| Residential Street Address<br>14 Thronebrook Rd                                                                                                                                                                                       |  | City<br>West Granby                                                                                                                                                                                                                                                                                                | State<br>CT                         | Zip Code<br>06090      |
| Principal Occupation<br>Attorney                                                                                                                                                                                                      |  | 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 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 checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$150.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     | \$50.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Canavan                                                                                                                                                                                                                  |  | First Name<br>Susan                                                                                                                                                                                                                                                                                                |                                    | MI<br>C                |
| Residential Street Address<br>87 Barn Door Hls                                                                                                                                                                                        |  | City<br>Granby                                                                                                                                                                                                                                                                                                     | State<br>CT                        | Zip Code<br>06035      |
| Principal Occupation<br>graphic design                                                                                                                                                                                                |  | Name of Employer<br>self                                                                                                                                                                                                                                                                                           |                                    |                        |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$20.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$20.00                |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Bishop</b>                                                                                                                                                                                                            |  | First Name<br><b>Nora</b>                                                                                                                                                                                                                                                                                          |                                           | MI                       |
| Residential Street Address<br><b>PO Box 204</b>                                                                                                                                                                                       |  | City<br><b>Riverton</b>                                                                                                                                                                                                                                                                                            | State<br><b>CT</b>                        | Zip Code<br><b>06065</b> |
| Principal Occupation                                                                                                                                                                                                                  |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                           |                          |
| 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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
| <b>\$20.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Becker</b>                                                                                                                                                                                                            |  | First Name<br><b>Kim</b>                                                                                                                                                                                                                                                                                           |                                            | MI                       |
| Residential Street Address<br><b>149 Loomis St</b>                                                                                                                                                                                    |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        | State<br><b>CT</b>                         | Zip Code<br><b>06060</b> |
| Principal Occupation<br><b>Homemaker</b>                                                                                                                                                                                              |  | Name of Employer<br><b>Homemaker</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 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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$150.00</b> |                          |
| <b>\$50.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lavitt</b>                                                                                                                                                                                                            |  | First Name<br><b>Corrina</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>5 Whitman Dr</b>                                                                                                                                                                                     |  | City<br><b>Granby</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06035</b> |
| Principal Occupation<br><b>Writer</b>                                                                                                                                                                                                 |  | Name of Employer<br><b>Self</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$40.00</b> |                          |
| <b>\$40.00</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Fernand</b>                                                                                                                                                                                                           |  | First Name<br><b>Lori</b>                                                                                                                                                                                                                                                                                          |                                           | MI<br><b>P</b>           |
| Residential Street Address<br><b>15 Camille Ln</b>                                                                                                                                                                                    |  | City<br><b>West Simsbury</b>                                                                                                                                                                                                                                                                                       | State<br><b>CT</b>                        | Zip Code<br><b>06092</b> |
| Principal Occupation<br><b>Director of Outreach</b>                                                                                                                                                                                   |  | Name of Employer<br><b>CT Office of the Attorney General</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Kaza</b>                                                                                                                                                                                                              |  | First Name<br><b>Akash</b>                                                                                                                                                                                                                                                                                         |                                           | MI<br><b></b>            |
| Residential Street Address<br><b>1480 Boulevard</b>                                                                                                                                                                                   |  | City<br><b>West Hartford</b>                                                                                                                                                                                                                                                                                       | State<br><b>CT</b>                        | Zip Code<br><b>06119</b> |
| Principal Occupation<br><b>Campaign Manager</b>                                                                                                                                                                                       |  | Name of Employer<br><b>Luke Bronin for Congress</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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Davidson</b>                                                                                                                                                                                                          |  | First Name<br><b>Thea</b>                                                                                                                                                                                                                                                                                          |                                           | MI<br><b>A</b>           |
| Residential Street Address<br><b>59 Silver St</b>                                                                                                                                                                                     |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        | State<br><b>CT</b>                        | Zip Code<br><b>06060</b> |
| Principal Occupation<br><b>School Counselor</b>                                                                                                                                                                                       |  | Name of Employer<br><b>NWR7</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Young                                                                                                                                                                                                                    |  | First Name<br>Kristin                                                                                                                                                                                                                                                                                              |                                    | MI                     |
| Residential Street Address<br>154 E Cotton Hill Rd                                                                                                                                                                                    |  | City<br>New Hartford                                                                                                                                                                                                                                                                                               | State<br>CT                        | Zip Code<br>06057      |
| Principal Occupation<br>VP Marketing                                                                                                                                                                                                  |  | Name of Employer<br>Compound Growth Marketing                                                                                                                                                                                                                                                                      |                                    |                        |
| 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 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 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$40.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$40.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Kiner                                                                                                                                                                                                                    |  | First Name<br>David                                                                                                                                                                                                                                                                                                |                                    | MI                     |
| Residential Street Address<br>100 King Rd                                                                                                                                                                                             |  | City<br>Somers                                                                                                                                                                                                                                                                                                     | State<br>CT                        | Zip Code<br>06071      |
| Principal Occupation<br>Executive Director                                                                                                                                                                                            |  | Name of Employer<br>Educational Resources for Children                                                                                                                                                                                                                                                             |                                    |                        |
| 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 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 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$20.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$20.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Zakur                                                                                                                                                                                                                    |  | First Name<br>Samuel                                                                                                                                                                                                                                                                                               |                                    | MI                     |
| Residential Street Address<br>550 Darling St                                                                                                                                                                                          |  | City<br>Southington                                                                                                                                                                                                                                                                                                | State<br>CT                        | Zip Code<br>06489      |
| Principal Occupation<br>Outreach coordinator                                                                                                                                                                                          |  | Name of Employer<br>State of CT                                                                                                                                                                                                                                                                                    |                                    |                        |
| 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 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 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$20.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$20.00                |



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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Sogliuzzo                                                                                                                                                                                                                |  | First Name<br>Anna                                                                                                                                                                                                                                                                                                 |                                    | MI                     |
| Residential Street Address<br>15 Old Orchard Rd                                                                                                                                                                                       |  | City<br>West Granby                                                                                                                                                                                                                                                                                                | State<br>CT                        | Zip Code<br>06090      |
| Principal Occupation                                                                                                                                                                                                                  |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                    |                        |
| 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 type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                         |  | Is contributor a principal of state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    |                        |
| 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$40.00 |                        |

\$40.00

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Elliott                                                                                                                                                                                                                  |  | First Name<br>Josh                                                                                                                                                                                                                                                                                                 |                                    | MI                     |
| Residential Street Address<br>28 Cobblestone Dr .                                                                                                                                                                                     |  | City<br>Hamden                                                                                                                                                                                                                                                                                                     | State<br>CT                        | Zip Code<br>06518      |
| Principal Occupation<br>Owner                                                                                                                                                                                                         |  | Name of Employer<br>Thyme and Season                                                                                                                                                                                                                                                                               |                                    |                        |
| 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 type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                         |  | Is contributor a principal of state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    |                        |
| 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$40.00 |                        |

\$40.00

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Graves                                                                                                                                                                                                                   |  | First Name<br>Ian                                                                                                                                                                                                                                                                                                  |                                    | MI                     |
| Residential Street Address<br>21 N Maple St                                                                                                                                                                                           |  | City<br>Enfield                                                                                                                                                                                                                                                                                                    | State<br>CT                        | Zip Code<br>06082      |
| Principal Occupation<br>Campaign worker                                                                                                                                                                                               |  | Name of Employer<br>Joe Courtney for Congress                                                                                                                                                                                                                                                                      |                                    |                        |
| 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 type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                                                                                                         |  | Is contributor a principal of state contractor or prospective state contractor?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                    |                        |
| 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>06/18/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$20.00 |                        |

\$20.00

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

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

TYPE OF REPORT

Granby Democratic Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|--------------------------|
| Last Name<br><b>Guelzow</b>                                                                                                                                                                                                           |  | First Name<br><b>Lynn</b>                                                                                                                                                                                                                                                                                          |                                           | MI                     |                          |
| Residential Street Address<br><b>41 Cooley Rd</b>                                                                                                                                                                                     |  | City<br><b>North Granby</b>                                                                                                                                                                                                                                                                                        |                                           | State<br><b>CT</b>     | Zip Code<br><b>06060</b> |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                               |  | Name of Employer<br><b>Unemployed</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$40.00</b> |                        |                          |
| Last Name<br><b>Greenwood</b>                                                                                                                                                                                                         |  | First Name<br><b>Mary</b>                                                                                                                                                                                                                                                                                          |                                           | MI<br><b>E</b>         |                          |
| Residential Street Address<br><b>155 South Rd</b>                                                                                                                                                                                     |  | City<br><b>New Hartford</b>                                                                                                                                                                                                                                                                                        |                                           | State<br><b>CT</b>     | Zip Code<br><b>06057</b> |
| Principal Occupation<br><b>Operations Coordinator</b>                                                                                                                                                                                 |  | Name of Employer<br><b>Environmental Contractor Supply, Inc</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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                        |                          |
| Last Name<br><b>Stein</b>                                                                                                                                                                                                             |  | First Name<br><b>Donald</b>                                                                                                                                                                                                                                                                                        |                                           | MI                     |                          |
| Residential Street Address<br><b>18 Pine Mountain Cir</b>                                                                                                                                                                             |  | City<br><b>Barkhamsted</b>                                                                                                                                                                                                                                                                                         |                                           | State<br><b>CT</b>     | Zip Code<br><b>06063</b> |
| Principal Occupation<br><b>retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>None</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 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 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>06/18/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$40.00</b> |                        |                          |
| <b>Total of Section B</b>                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                    |                                           |                        | <b>\$2,530.00</b>        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                    |                                           |                        | <b>\$2,530.00</b>        |

| I. MONETARY RECEIPTS (Section A-K)                                             |       |                                                                       |               |                         |                           |
|--------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------|---------------|-------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |       |                                                                       |               |                         | TYPE OF REPORT            |
| Granby Democratic Town Committee                                               |       |                                                                       |               |                         | 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 #                                                  |               |                         |                           |
| City                                                                           | State | Zip Code                                                              | Date Received | Aggregate Contributions |                           |
|                                                                                |       |                                                                       |               |                         |                           |
| Total of Section C1                                                            |       |                                                                       |               |                         |                           |

| I. MONETARY RECEIPTS (Section A-K)                                |             |          |                                  |                   |                           |
|-------------------------------------------------------------------|-------------|----------|----------------------------------|-------------------|---------------------------|
| NAME OF COMMITTEE                                                 |             |          |                                  |                   | TYPE OF REPORT            |
| Granby Democratic Town Committee                                  |             |          |                                  |                   | July 10 Filing - Original |
| C2. Reimbursements or Surplus Distributions from other Committees |             |          |                                  |                   |                           |
| Name of Committee                                                 |             |          |                                  | Name of Treasurer |                           |
| Address                                                           |             |          |                                  | Date Received     | Amount of Receipt         |
| City                                                              | State       | Zip Code | Payment Type                     |                   |                           |
|                                                                   |             |          | Reimbursement for shared expense |                   |                           |
|                                                                   |             |          | Surplus Distribution             |                   |                           |
| Expenditure # (if applicable)                                     | Description |          |                                  |                   |                           |
| Total of Section C2                                               |             |          |                                  |                   |                           |

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

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

**D. Loans Received this Period**

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

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

| NAME OF COMMITTEE                | TYPE OF REPORT            |
|----------------------------------|---------------------------|
| Granby 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            |
|--------------------------------------------------------------------------------|---------------------------|
| Granby 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            |
| Granby Democratic Town Committee                                                                                              | July 10 Filing - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)</b> |                           |
| Date of Receipt                                                                                                               | Amount                    |
| Total of Section G                                                                                                            |                           |

| I. MONETARY RECEIPTS (Section A-K)                                                         |                                                                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE                                                                          | TYPE OF REPORT                                                                                       |
| Granby 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<br>Cash                      Personal Check                      Credit/Debit Card |
| Amount                                                                                     |                                                                                                      |
| Total of Section H                                                                         |                                                                                                      |

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

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

|                                                                        |      |                     |                           |                 |
|------------------------------------------------------------------------|------|---------------------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      |                     | TYPE OF REPORT            |                 |
| Granby Democratic Town Committee                                       |      |                     | July 10 Filing - Original |                 |
| <b>K. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |                     |                           |                 |
| Name                                                                   |      | Date of Transaction |                           | Amount Received |
| Street Address                                                         | City | State               | Zip Code                  |                 |
| Description                                                            |      |                     |                           |                 |
| <b>Total of Section K</b>                                              |      |                     |                           |                 |

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

|                                                                                                                                             |        |             |                                                                                                                                                                                                                 |          |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                              |        |             | TYPE OF REPORT                                                                                                                                                                                                  |          |
| Granby 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>                                                                                                          |        |             |                                                                                                                                                                                                                 |          |
| 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.)                                                                                                                                                                            |          |
| <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      | (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)                                                                                     |          |
| <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      | (If yes, enter Total Receipts here.)                                                                                                                                                                            |          |
| <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            |
|--------------------------------------------------------------------------------|---------------------------|
| Granby 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:                                                            |          |
|                            |         |                                    |                               | <b>Business Entity</b> <b>Other</b><br><b>Individual/Sole Proprietorship</b> |          |
| 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            |
|--------------------------------------------------------------------------------|---------------------------|
| Granby 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        |                         |         |                                |                               |          |
| <b>Total of Section L4</b> |                         |         |                                |                               |          |

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

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

### M. In-Kind Contributions

|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |                                        |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------|
| Name<br>Valerie Eastwood                                                                                                                        |                                                                                                                                                                                                                                                                                                             |                                        |                                                            |
| Street Address<br>10 Haven Dr                                                                                                                   |                                                                                                                                                                                                                                                                                                             | City<br>Granby                         | State<br>CT                                                |
| Zip Code<br>06035                                                                                                                               |                                                                                                                                                                                                                                                                                                             |                                        |                                                            |
| Type of Contributor: <input type="checkbox"/> Committee                                                                                         | Date Received<br>06/18/2026                                                                                                                                                                                                                                                                                 | Aggregate contributions<br>\$807.68    | Description of In-Kind Contribution<br>food for fundraiser |
| <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other                                             |                                                                                                                                                                                                                                                                                                             |                                        |                                                            |
| 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 is associated with have a contract with said municipality valued at more than \$5000?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Fair Market Value of this Contribution |                                                            |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                               |                                        |                                                            |
| If yes, list Event#                                                                                                                             | If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative                                                                                                                                                    |                                        |                                                            |
|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             | \$187.68                               |                                                            |

|                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                        |                                     |                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| Name<br>Valerie Eastwood                                                                                                                        |                                                                                                                                                                                                                                                                                                                        |                                     |                                                                |
| Street Address<br>10 Haven Dr                                                                                                                   |                                                                                                                                                                                                                                                                                                                        | City<br>Granby                      | State<br>CT                                                    |
| Zip Code<br>06035                                                                                                                               |                                                                                                                                                                                                                                                                                                                        |                                     |                                                                |
| Type of Contributor: <input type="checkbox"/> Committee                                                                                         | Date Received<br>06/18/2026                                                                                                                                                                                                                                                                                            | Aggregate contributions<br>\$807.68 | Description of In-Kind Contribution<br>musician for fundraiser |
| <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other                                             |                                                                                                                                                                                                                                                                                                                        |                                     |                                                                |
| 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 is associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No     |                                     | Fair Market Value of this Contribution                         |
| Is this contribution associated with an event reported in Section L1?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |                                     |                                                                |
| If yes, list Event#                                                                                                                             |                                                                                                                                                                                                                                                                                                                        |                                     | \$500.00                                                       |

**Total of Section M**

**\$687.68**

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

| NAME OF COMMITTEE                | TYPE OF REPORT            |
|----------------------------------|---------------------------|
| Granby 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

Granby Democratic Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                          |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>websit                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/27/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT     |                        |
| Street Address<br>225 Varick St                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>New York              | State<br>NY                                                                                                                              | Zip Code               |
| Purpose of Expenditure (by code)<br><br>A-WEB  | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                          | 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>\$81.68  |
| Name of Payee<br>Lost Acres Vineyard           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/18/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 524<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>80 Lost Acres Rd             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>North Granby          | State<br>CT                                                                                                                              | Zip Code<br>06060      |
| Purpose of Expenditure (by code)<br><br>FNDR * | Description<br>wine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                                          | 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>\$391.44 |
| Name of Payee<br>Town of Granby                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/18/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 525<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>15 N Granby Rd               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Granby                | State<br>CT                                                                                                                              | Zip Code<br>06035      |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>contribution to town volunteer event                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                                                                          | 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>\$250.00 |

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

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

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      |                       |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Day Campaign               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/30/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                       |
| Street Address<br>112 Bloomfield Ave        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Windsor               | State<br>CT                                                                                                                          | Zip Code<br>06095     |
| Purpose of Expenditure (by code)<br><br>BNK | Description<br>Credit Card/Banking Transaction 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>\$77.20 |
| <b>Total of Section P</b>                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                      | <b>\$800.32</b>       |

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

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

**IV. EXPENDITURES**

|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              |                           |          |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| <b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                              | <b>TYPE OF REPORT</b>     |          |
| Granby 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>     |                                      |
| Granby 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            |
|--------------------------------------------------------------------------------|---------------------------|
| Granby 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)<br><br>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 |       |                                                                           |                                             | Amount   |

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

### Section R. ADDENDUM

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

| Section S. ADDENDUM                                                          |                               |                                          |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------------|
| NAME OF COMMITTEE                                                            |                               | TYPE OF REPORT                           |
|                                                                              |                               |                                          |
| 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 |