

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
Newington Democratic Town Committee			
2. TREASURER NAME			
First Neil	MI J	Last Ryan	Suffix
3. TREASURER ADDRESS			
Street Address 237 Brockett St	City Newington	State CT	Zip Code 06111
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
July 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date Ending Date			
04/01/2026 thru 06/30/2026			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Neil Ryan PRINT NAME OF THE SIGNER	07/10/2026 10:28:34AM 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	
Newington Democratic Town Committee	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$3,693.76
12. Balance on hand at the beginning of Reporting Period	\$5,125.79	
13. Contributions received from Individuals (Section A and B)	\$8,277.14	\$10,828.62
14. Receipts from Other Committees (Sections C1 and C2)	\$500.00	\$1,087.83
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$375.00	\$375.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$9,152.14	\$12,291.45
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$14,277.93	\$15,985.21
19. Expenses Paid by Committee (Section P)	\$4,611.56	\$6,318.84
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$9,666.37	\$9,666.37
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$540.00	\$540.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$591.40	\$591.40
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Newington Democratic Town Committee	July 10 Filing - Original
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$0.00
Subtotal Section A	

B. Itemized Contributions from Individuals

Last Name Appleton		First Name Tim		MI
Residential Street Address 101 Woodland Dr		City South Windsor	State CT	Zip Code 06076
Principal Occupation Consultant		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/01/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Trister		First Name Jon		MI
Residential Street Address 81 Woodland St		City Newington	State CT	Zip Code 06111
Principal Occupation Legislative & Administrative Advisor		Name of Employer State of Ct. DOCorrections		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/26/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Mounds		First Name Sharon		MI
Residential Street Address 53-C		City Rocky Hill	State CT	Zip Code 06067
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/26/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hanley		First Name Kathy		MI L
Residential Street Address 133 Barkledge Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/27/2026	Aggregate Contributions \$125.41	
				\$125.41

Last Name Galligan		First Name Jonathan		MI
Residential Street Address 81 Woodland St		City Newington	State CT	Zip Code 06111
Principal Occupation Fiscal Spirit Walker		Name of Employer State of Ct.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/01/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Serio		First Name Andrew		MI
Residential Street Address Fox Run Court		City Newington	State CT	Zip Code 06111
Principal Occupation Pharmacist		Name of Employer Ct. Yale New Haven Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/03/2026	Aggregate Contributions \$120.00	
				\$120.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Turco		First Name Gary		MI A
Residential Street Address 99 Williamstown Ct .		City Newington	State CT	Zip Code 06111
Principal Occupation Communications Consultant		Name of Employer self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/03/2026	Aggregate Contributions \$200.00	
				\$200.00

Last Name LANG		First Name Patricia		MI
Residential Street Address 27 Dacosta Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/03/2026	Aggregate Contributions \$125.31	
				\$125.31

Last Name Holness		First Name Wendy		MI
Residential Street Address 31 Barkledge Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/05/2026	Aggregate Contributions \$62.81	
				\$62.81

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Randich		First Name Robert		MI
Residential Street Address 43 Brook St		City Newington	State CT	Zip Code 06111
Principal Occupation Judge		Name of Employer Probate Court		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/07/2026	Aggregate Contributions \$120.00	
\$120.00				

Last Name Post		First Name Maureen		MI
Residential Street Address 203 Goodale Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/10/2026	Aggregate Contributions \$62.81	
\$62.81				

Last Name Beatrice		First Name Meredith		MI
Residential Street Address 158 Hartford Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Optician		Name of Employer Optometric Specialty Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/10/2026	Aggregate Contributions \$60.00	
\$60.00				

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lapenta-Duffek		First Name Teresa		MI R
Residential Street Address 7 Barkledge Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/10/2026	Aggregate Contributions \$156.56	
				\$156.56

Last Name Krawiec		First Name Deborah		MI A
Residential Street Address 267 Cottonwood Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Career Counselor		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/11/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Farrar		First Name Kate		MI
Residential Street Address 253 Ridgewood Rd		City West Hartford	State CT	Zip Code 06107
Principal Occupation Legislator		Name of Employer Ct. General Assembly		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/12/2026	Aggregate Contributions \$62.81	
				\$62.81

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Baez		First Name Anibal		MI
Residential Street Address 2095 Berlin Tpke		City Newington	State CT	Zip Code 06111
Principal Occupation Restaurateur		Name of Employer The Flying Monkey Grill Bar, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/14/2026	Aggregate Contributions \$260.73	
				\$260.73

Last Name Sehmi		First Name Jen		MI
Residential Street Address 169 Cedar Ridge Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Registrar		Name of Employer Town of Newington		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/14/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Stamm		First Name Cynthia		MI
Residential Street Address 35 Judge La .		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/14/2026	Aggregate Contributions \$78.44	
				\$78.44

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Feeney		First Name Trish		MI
Residential Street Address 30 Rosewood Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Tax Specialist		Name of Employer AA6 Tax & Accounting		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$125.31	
				\$125.31

Last Name Rosa		First Name Fernando		MI
Residential Street Address 22 Chaplin St		City Newington	State CT	Zip Code 06111
Principal Occupation President & CEO		Name of Employer HEDCO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name McCormick		First Name Joanne		MI
Residential Street Address 75 High Gate Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$150.00	
				\$150.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Serio		First Name Andrew		MI
Residential Street Address Fox Run Court		City Newington	State CT	Zip Code 06111
Principal Occupation Pharmacist		Name of Employer Ct. Yale New Haven Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$170.00	
				\$50.00

Last Name Kruk		First Name Pauline		MI A
Residential Street Address 165 Walsh Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$360.73	
				\$260.73

Last Name Gonzalez		First Name Kathleen		MI
Residential Street Address 44 Basswood St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$125.31	
				\$125.31

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nafis		First Name Sandy		MI
Residential Street Address 49 Whitewood Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$104.48	
				\$104.48

Last Name Francolino		First Name Eileen		MI D
Residential Street Address 116 Lydall Rd .		City Newington	State CT	Zip Code 06111
Principal Occupation Tutor		Name of Employer Newington Board of Education		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/21/2026	Aggregate Contributions \$62.81	
				\$62.81

Last Name Francolino		First Name Elizabeth		MI D
Residential Street Address 118 Lydall Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Caucus Employee		Name of Employer State of Ct. Office of Leg Mngmt		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/21/2026	Aggregate Contributions \$60.00	
				\$60.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Siegal		First Name Paula		MI J	
Residential Street Address 1827 Main St		City Newington		State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/24/2026	Aggregate Contributions \$160.00	\$60.00	

Last Name Rioux		First Name Robert		MI A	
Residential Street Address 15 Beacon St .		City Newington		State CT	Zip Code 06011
Principal Occupation HealthCare Administrator		Name of Employer CHCACT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/24/2026	Aggregate Contributions \$156.56	\$156.56	

Last Name Plourd		First Name Matthew		MI	
Residential Street Address 258 Audobon Ave		City Newington		State CT	Zip Code 06111
Principal Occupation Legislative Aid		Name of Employer Ct. Senate Dems			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/24/2026	Aggregate Contributions \$135.00	\$135.00	

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ellis		First Name Marcie		MI J
Residential Street Address 95 Sterling Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/25/2026	Aggregate Contributions \$125.31	
				\$125.31

Last Name Florio		First Name Greg		MI J
Residential Street Address 2 Hickory Hill Ln		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/25/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Malcynsky		First Name Jay		MI
Residential Street Address 25 Parkers Point Rd .		City Chester	State CT	Zip Code 06412
Principal Occupation Attorney		Name of Employer Gaffney, Bennett & Associates		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/25/2026	Aggregate Contributions \$104.48	
				\$104.48

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Turco		First Name Gary		MI A
Residential Street Address 99 Williamstown Ct .		City Newington	State CT	Zip Code 06111
Principal Occupation Communications Consultant		Name of Employer self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/25/2026	Aggregate Contributions \$350.00	
				\$150.00

Last Name Radda		First Name Kim		MI I
Residential Street Address 128 Cambria Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Nurse		Name of Employer Ct. Harm Reduction Alliance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/25/2026	Aggregate Contributions \$62.81	
				\$62.81

Last Name Levin		First Name Jay		MI I
Residential Street Address 23 Worthington Rd		City New London	State CT	Zip Code 06230
Principal Occupation Attorney Lobbyist		Name of Employer Levin Paulino Govt. Relations		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☒ Yes ☐ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/26/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Andrews		First Name Liza		MI
Residential Street Address 92 Centerwood Rd		City Newington	State CT	Zip Code 06111
Principal Occupation NonProfit		Name of Employer CT Coalition Against Domestic Violence		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/27/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Anderson		First Name Maryellen		MI F
Residential Street Address 11 Franklin Cir		City Newington	State CT	Zip Code 06111
Principal Occupation Vice President		Name of Employer Broadridge Financial Solutions Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/28/2026	Aggregate Contributions \$104.48	
				\$104.48

Last Name Tiniakos		First Name AJ		MI
Residential Street Address 129 Roseleah Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Claims Supervisor		Name of Employer Progressive Insurance		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/29/2026	Aggregate Contributions \$125.31	
				\$125.31

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Gonzalez		First Name Kathleen		MI
Residential Street Address 44 Basswood St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$375.31	
\$250.00				

Last Name Kelly		First Name John		MI M
Residential Street Address 293 Maple Hill Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Attorney		Name of Employer Nassau, Griffith and Kelly, LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$62.81	
\$62.81				

Last Name Lucas		First Name Michael		MI
Residential Street Address 50 Cherry Hill Dr		City Newington	State CT	Zip Code 06111
Principal Occupation New Business Resolution Specialist		Name of Employer Global Atlantic		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/01/2026	Aggregate Contributions \$60.00	
\$60.00				

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Francois		First Name Berline		MI
Residential Street Address 112 Valentine St		City Newington	State CT	Zip Code
Principal Occupation Self employed		Name of Employer Self employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$75.00	
				\$75.00

Last Name Weaver		First Name Jessica		MI
Residential Street Address 494 Main St		City Newington	State CT	Zip Code 06111
Principal Occupation Analyst		Name of Employer Ct. Office of State Treasurer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$240.00	
				\$240.00

Last Name Perrotti		First Name James		MI
Residential Street Address 175 Hillcrest Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Director Data Manager		Name of Employer Travelers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$60.00	
				\$60.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dunning		First Name Sharon		MI
Residential Street Address 528 Churchill Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer State of CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Sehmi		First Name Jen		MI
Residential Street Address 169 Cedar Ridge Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Registrar		Name of Employer Town of Newington		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$120.00	
				\$45.00

Last Name Szarwak		First Name Donna		MI
Residential Street Address 3 John H Stewart Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/03/2026	Aggregate Contributions \$75.00	
				\$75.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Marocchini		First Name Isabella		MI
Residential Street Address 75 Michael La		City Newington	State CT	Zip Code 06111
Principal Occupation Student		Name of Employer Student		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$62.81	
				\$62.81

Last Name Parker-Bain		First Name Florence		MI
Residential Street Address 215 Culver St		City Newington	State CT	Zip Code 06111
Principal Occupation Attorney		Name of Employer State of Ct.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/04/2026	Aggregate Contributions \$62.81	
				\$62.81

Last Name Ryan		First Name Neil		MI J
Residential Street Address 237 Brockett St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/06/2026	Aggregate Contributions \$350.00	
				\$250.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Sobieski		First Name Stanley		MI J
Residential Street Address 26 Deepwood Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/06/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Nafis		First Name Sandy		MI
Residential Street Address 49 Whitewood Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$204.48	
				\$100.00

Last Name Rioux		First Name Robert		MI A
Residential Street Address 15 Beacon St .		City Newington	State CT	Zip Code 06011
Principal Occupation HealthCare Administrator		Name of Employer CHCACT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$182.91	
				\$26.35

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Lesser		First Name Matt		MI
Residential Street Address 2 Mazzotta Pl		City Middletown	State CT	Zip Code 00645
Principal Occupation Legislator		Name of Employer State of Conn.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$40.00	
				\$40.00

Last Name Nieves		First Name Hilda		MI
Residential Street Address 225 Culver St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Gonzalez		First Name Kathleen		MI
Residential Street Address 44 Basswood St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$460.31	
				\$85.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hanley		First Name Kathy		MI L
Residential Street Address 133 Barkledge Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$214.26	
				\$88.85

Last Name Perrotti		First Name James		MI
Residential Street Address 175 Hillcrest Ave		City Newington	State CT	Zip Code 06111
Principal Occupation Director Data Manager		Name of Employer Travelers		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$96.77	
				\$36.77

Last Name LANG		First Name Patricia		MI
Residential Street Address 27 Dacosta Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$260.31	
				\$135.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Holness		First Name Wendy		MI
Residential Street Address 31 Barkledge Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$221.04	
				\$73.23

Last Name Serio		First Name Andrew		MI
Residential Street Address Fox Run Court		City Newington	State CT	Zip Code 06111
Principal Occupation Pharmacist		Name of Employer Ct. Yale New Haven Health		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$215.00	
				\$45.00

Last Name McCormick		First Name Joanne		MI
Residential Street Address 75 High Gate Rd		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$448.23	
				\$198.23

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Wallett		First Name Megan		MI
Residential Street Address 132 Elmfield St		City West Hartford	State CT	Zip Code 06110
Principal Occupation Reg. Political Organizer		Name of Employer Ned for Ct.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/07/2026	Aggregate Contributions \$62.81	
				\$62.81

Last Name Nieves		First Name Hilda		MI
Residential Street Address 225 Culver St		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/09/2026	Aggregate Contributions \$110.00	
				\$50.00

Last Name Donaluk		First Name Michael		MI
Residential Street Address 37 Sunnybrook Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 06072026A ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$185.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Cutaia		First Name Diane		MI M
Residential Street Address 95 Sterling Dr		City Newington	State CT	Zip Code 06111
Principal Occupation Registered Nurse		Name of Employer CHNCT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$195.00	
				\$195.00

Last Name Anderson		First Name Maryellen		MI F
Residential Street Address 11 Franklin Cir		City Newington	State CT	Zip Code 06111
Principal Occupation Vice President		Name of Employer Broadridge Financial Solutions Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$349.48	
				\$245.00

Last Name Kelly		First Name Gail		MI F
Residential Street Address 104 Carriage Hill Dr		City Newington	State CT	Zip Code 06111-2006
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Donaluk		First Name Michael		MI	
Residential Street Address 37 Sunnybrook Dr		City Newington		State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$185.00		
				\$135.00	

Last Name Morris		First Name Vincent		MI	
Residential Street Address 20 Deming Farm Dr		City Newington		State CT	Zip Code 06111
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☒ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>06072026A</u> ☒ Yes ☐ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/30/2026	Aggregate Contributions \$2,000.00		
				\$1,000.00	

Total of Section B				\$8,277.14	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS				\$8,277.14	

(Sections A & B) (Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee

Kate PAC

Name of Treasurer

Kassandra Kruh

Address

253 Ridgewood Rd

Is this contribution associated with an event reported in Section L1?



Yes



No

If yes, list Event #

06072026A

Amount of Contribution

City

West Hartford

State

CT

Zip Code

06107-3510

Date Received

05/14/2026

Aggregate Contributions

\$250.00

\$250.00

Name of Committee

MATT PAC

Name of Treasurer

Robert Downes

Address

10 Ten Rod Hwy

Is this contribution associated with an event reported in Section L1?



Yes



No

If yes, list Event #

06072026A

Amount of Contribution

City

Rocky Hill

State

CT

Zip Code

06067

Date Received

06/06/2026

Aggregate Contributions

\$250.00

\$250.00

Total of Section C1**\$500.00****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE

TYPE OF REPORT

Newington 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
Newington 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
Newington 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
Newington 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
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Total of Section F

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

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Newington Democratic Town Committee	July 10 Filing - Original
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)	
Date of Receipt	Method of Payment 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
Newington Democratic Town Committee			July 10 Filing - Original
J. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State Zip Code	
Total of Section J			

I. MONETARY RECEIPTS (Section A-K)

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

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Newington Democratic Town Committee			July 10 Filing - Original	
L1. Event Information				
Event # Date of Event 06/07/2026	Letter A	Description Luncheon Event	Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 245 Hartford Rd		City New Britain	State CT	Zip Code 06053
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☒ Yes ☐ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
Total of Section L1				\$0.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

L3. Purchases of Advertising in a Program Book or on a Sign

Name of Purchaser Connecticut Beer Wholesalers Assoc				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 200 River Rd			City Mystic	State CT	Zip Code 06355
Date Received 06/03/2026	Event # 06072026A	Aggregate Purchases for All Events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase	

Name of Purchaser Route 10 Motors LLC				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 165 East St			City Plainville	State CT	Zip Code 06062
Date Received 06/04/2026	Event # 06072026A	Aggregate Purchases for All Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase	

Name of Purchaser Roma Tailoring				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 23 E Cedar St			City Newington	State CT	Zip Code 06111
Date Received 06/30/2026	Event # 06072026A	Aggregate Purchases for All Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase	

Name of Purchaser Steve's Place LLC				Purchase Made By: ☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship	
Street Address 84 Market Sq			City Newington	State CT	Zip Code 06111
Date Received 06/30/2026	Event # 06072026A	Aggregate Purchases for All Events \$75.00	Amount of Program Ad Purchase \$75.00	Amount of Sign Purchase	

Total of Section L3**\$375.00**

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor Evolution Yoga & Wellness				
Street Address 122 Market Sq		City Newington		State CT
Zip Code 06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	3 Yoga Classes			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/03/2026	06072026A	\$75.00	
				\$75.00

Name of the Donor Taylor Therapy Center				
Street Address 9 Elmwood Ct		City Newington		State CT
Zip Code 06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	2 gift certificates for massages			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/05/2026	06072026A	\$130.00	
				\$130.00

Name of the Donor The Community Room				
Street Address 39 E Cedar St		City Newington		State CT
Zip Code 06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	Gift card			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/05/2026	06072026A	\$25.00	
				\$25.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor				
Yanni's Pizza				
Street Address			City	State
296 Main St			Newington	CT
Zip Code				
06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	Gift Card			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/05/2026	06072026A	\$25.00	
				\$25.00

Name of the Donor				
Breakfast at Angelo's				
Street Address			City	State
1052 Main St			Newington	CT
Zip Code				
06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	Gift Card			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/05/2026	06072026A	\$20.00	
				\$20.00

Name of the Donor				
Outback Steakhouse				
Street Address			City	State
3210 Berlin Tpke			Newington	CT
Zip Code				
06111				
Donation Given by:	Description of Donation			Fair Market Value of Donation
☒ Business Entity	Gift Card			
☐ Individual	Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship	05/05/2026	06072026A	\$50.00	
				\$50.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor Karma's Closet				
Street Address 27 Garfield St		City Newington		State CT
				Zip Code 06111
Donation Given by: ☒ Business Entity ☐ Individual ☐ Sole Proprietorship	Description of Donation Gift Cert			Fair Market Value of Donation \$25.00
	Date Received 05/21/2026	Event # 06072026A	Aggregate value for this event \$25.00	

Name of the Donor Joey Garlic's				
Street Address 150 Kitts Ln		City Newington		State CT
				Zip Code 06111
Donation Given by: ☒ Business Entity ☐ Individual ☐ Sole Proprietorship	Description of Donation Gift Card			Fair Market Value of Donation \$25.00
	Date Received 05/22/2026	Event # 06072026A	Aggregate value for this event \$25.00	

Name of the Donor Elm Hill Pizza				
Street Address 625 Maple Hill Ave		City Newington		State CT
				Zip Code 06111
Donation Given by: ☒ Business Entity ☐ Individual ☐ Sole Proprietorship	Description of Donation Gift Card			Fair Market Value of Donation \$50.00
	Date Received 05/22/2026	Event # 06072026A	Aggregate value for this event \$50.00	

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor					
Happy Harry's					
Street Address			City	State	Zip Code
2400 Berlin Tpk			Newington	CT	06111
Donation Given by:	Description of Donation			Fair Market Value of Donation	
☒ Business Entity	2 Bottles of Liquor				
☐ Individual	Date Received	Event #	Aggregate value for this event		
☐ Sole Proprietorship	05/22/2026	06072026A	\$115.00		
					\$115.00

Total of Section L4**\$540.00****II.EVENT ACTIVITY (Sections L1 - L5)**

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

M. In-Kind Contributions

Name Cynthia Stamm			
Street Address 35 Judge La .		City Newington	State CT
Zip Code 06111			
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 05/20/2026	Aggregate contributions \$221.36	Description of In-Kind Contribution Wine sack, wine, towels, apron
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Fair Market Value of this Contribution \$142.92
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No If yes, list Event# <u>06072026A</u>	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

Name Wendy Holness			
Street Address 31 Barkledge Dr		City Newington	State CT
Zip Code 06111			
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 05/21/2026	Aggregate contributions \$147.81	Description of In-Kind Contribution Bird House, Garden Statue, Lowe's Gift Card
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Fair Market Value of this Contribution \$85.00
Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Heather Turco			
Street Address 42 Cobblestone Ct		City Newington	State CT
Zip Code 06111			
Type of Contributor: ☐ Committee	Date Received 05/22/2026	Aggregate contributions \$113.48	Description of In-Kind Contribution Travel Basket
☒ Individual / Sole Proprietorship ☐ Other	Is contribution in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?		Fair Market Value of this Contribution
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No		☐ Yes ☐ No
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or prospective state contractor?		
☒ Yes ☐ No	If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☒ Legislative		
If yes, list Event# 06072026A		\$113.48	

Name Debbie Hoffman			
Street Address 32 Francis Ave		City Newington	State CT
Zip Code 06111			
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 06/04/2026	Aggregate contributions \$150.00	Description of In-Kind Contribution Painting of Mill Pond Falls
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☒ No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative		
If yes, list Event# 06072026A		\$150.00	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name Joanne McCormick				
Street Address 5 Baldwin Ct		City Newington	State CT	Zip Code 06111
Type of Contributor: ☐ Committee ☒ Individual / Sole Proprietorship ☐ Other	Date Received 06/07/2026	Aggregate contributions \$448.23	Description of In-Kind Contribution Pampered Chef Bread Pan, Breed mixes, dipping oils	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Fair Market Value of this Contribution \$100.00	
Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No	Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative			
If yes, list Event# <u>06072026A</u>				

Total of Section M**\$591.40****III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Newington 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

Newington Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Travelers, CL Remittance Center

Date of Payment

04/07/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

PO Box 660317

City

Dallas

State

TX

Zip Code

75266-0317

Purpose of
Expenditure (by code)

OVHD

Description

Liability Insurance

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$31.00

Name of Payee

Prime Storage

Date of Payment

04/20/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

350 Alumni Rd

City

Newington

State

CT

Zip Code

06111

Purpose of
Expenditure (by code)

OFFICE

Description

Storage for NDTC office supplies

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$207.38

Name of Payee

Newington Memorial Day Parade Committee

Date of Payment

05/05/2026

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

131 Cedar St

City

Newington

State

CT

Zip Code

06111

Purpose of
Expenditure (by code)

CHAR

Description

NDTC Contribution to Newington Memorial Day Parade

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$50.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Travelers, CL Remittance Center

Date of Payment

05/07/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

PO Box 660317

City

Dallas

State

TX

Zip Code

75266-0317

Purpose of
Expenditure (by code)

OVHD

Description

Liability Insurance

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$31.00

Name of Payee

John Kelly

Date of Payment

05/20/2026

Method of Payment

☒

Check #

2566

☐

Debit Card

☐

EFT

Street Address

293 Maple Hill Ave

City

Newington

State

CT

Zip Code

06111-0611

Purpose of
Expenditure (by code)

RMB

Description

Reimbursement for pizza from Elm Hill Pizza and soft drinks from Price Shopper

Event #

Expenditure #
(if applicable)

625705

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

☐

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☒

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$179.02

Name of Payee

Prime Storage

Date of Payment

05/20/2026

Method of Payment

☐

Check #

☐

Debit Card

☒

EFT

Street Address

350 Alumni Rd

City

Newington

State

CT

Zip Code

06111

Purpose of
Expenditure (by code)

OFFICE

Description

Storage for NDTC office supplies

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$207.38

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Town of Newington

Date of Payment

05/26/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

95 Cedar St

City

Newington

State

CT

Zip Code

06111

Purpose of
Expenditure (by code)

PBA-ATT *

Description

Payment to Town for participation at Town's Extravaganza

Event #

Expenditure #
(if applicable)

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

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

Amount

\$285.00

Name of Payee

Amazon

Date of Payment

05/29/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

PO Box 960013

City

Orlando

State

FL

Zip Code

06111

Purpose of
Expenditure (by code)

OFFICE

Description

Tent for use by NDTC at various town events

Event #

Expenditure #
(if applicable)

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

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

Amount

\$192.71

Name of Payee

Bridgewater Chocolate

Date of Payment

06/03/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

12 Lasalle Rd

City

West Hartford

State

CT

Zip Code

06110

Purpose of
Expenditure (by code)

FOOD

Description

Dark Chocolate

Event #

Expenditure #
(if applicable)

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

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

Amount

\$43.65

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Market Place		Date of Payment 06/03/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 3331 Berlin Tpke		City Newington	State CT	Zip Code 06111-0611
Purpose of Expenditure (by code) FOOD	Description Food for 06/07/26 Fundraiser			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$150.00
Name of Payee The KEE to Saving gosq.com		Date of Payment 06/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1095 Main St		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) BNK	Description Bank charge			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$12.25
Name of Payee Travelers, CL Remittance Center		Date of Payment 06/08/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address PO Box 660317		City Dallas	State TX	Zip Code 75266-0317
Purpose of Expenditure (by code) OVHD	Description Liability Insurance			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$31.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Newington Democratic Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Stop & Shop		Date of Payment 06/08/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 206 Kitts La .		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) FOOD	Description Food and soft drinks			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$62.97

Name of Payee Back Nine Tavern @ Stanley		Date of Payment 06/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address Stanley Street		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) FNDR *	Description Payment to Back Nine for food			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$2,648.88

Name of Payee Prime Storage		Date of Payment 06/22/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 350 Alumni Rd		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) OFFICE	Description Storage of NDTC supplies			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$207.38

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Newington Democratic Town Committee	July 10 Filing - Original
P. Expenses Paid By Committee	

Name of Payee Anedot Inc.		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1340 Poydras St		City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) WEB	Description Payment to Anedot for administering credit card contributions			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$271.94
Total of Section P				\$4,611.56

IV. EXPENDITURES (Sections P - T)

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

IV. EXPENDITURES

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

IV. EXPENDITURES

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

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Newington 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) None of the below Coordinated with reimbursement sought (joint expenditure) Independent 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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
Newington Democratic Town Committee		July 10 Filing - Original	
P. Expenses Paid By Committee - Addendum			
Expenditure # 625705	☒ Supported ☐ Opposed		Amount of Expenditure \$179.02
Name of Candidate or Committee Matt Lesser 2026		Office Sought (if applicable) State Senator	Cost Allocated to Candidate or Committee
Are Limits Aggregated? ☐ Yes ☐ No	Aggregating Committees		

Section R. ADDENDUM

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

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

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