SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Killingly Democratic Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Robin	**S**	**Lofquist**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
25 Lafantasie Rd	**Danielson**	**CT**	**06239**

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 - Amendment

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	**Robin Lofquist**	**07/29/2026 3:05:59PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Killingly Democratic Town Committee	**July 10 Filing - Amendment**	
	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		**$504.14**
12. Balance on hand at the beginning of Reporting Period	**$2,820.99**	
13. Contributions received from Individuals (Section A and B)	**$845.00**	**$3,385.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
15. Other Monetary Receipts (Section D through K)	**$0.00**	**$0.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$92.75**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$845.00**	**$3,477.75**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$3,665.99**	**$3,981.89**
19. Expenses Paid by Committee (Section P)	**$1,705.83**	**$2,021.73**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$1,960.16**	**$1,960.16**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$379.17**	**$1,730.11**
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)	**$5,500.00**	

I. MONETARY RECEIPTS (Section A-K)

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

A. Total Contributions from Small Contributors-Received this Period ONLY
(See instructions for definition of Small Contributor) **Subtotal Section A** **$0.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Lofquist	Robin	S

Residential Street Address	City	State	Zip Code
25 Lafantasie Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/29/2026	$221.93	$100.00

Last Name	First Name	MI
Zornado	Lori	

Residential Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

Principal Occupation	Name of Employer
Therapist	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/30/2026	$315.00	$50.00

Last Name	First Name	MI
Griffiths	David	A

Residential Street Address	City	State	Zip Code
70 Griffiths Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/05/2026	$130.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Weinberg	Richard	

Residential Street Address	City	State	Zip Code
54 State Ave	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/12/2026	$25.00	$25.00

Last Name	First Name	MI
Chartier	Beth	

Residential Street Address	City	State	Zip Code
1445 North Rd	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/12/2026	$65.00	$25.00

Last Name	First Name	MI
Gaudreau	Brandon	

Residential Street Address	City	State	Zip Code
242 State Ave	Rogers	CT	06263

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/12/2026	$55.00	$15.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Flexer	Hoween	R

Residential Street Address	City	State	Zip Code
5 Frances Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Senior Director	Northeast CT Council of Govts

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/12/2026	$140.00	$100.00

Last Name	First Name	MI
Murdock	Misty	

Residential Street Address	City	State	Zip Code
53 Wright Rd	Danielson	CT	06239

Principal Occupation	Name of Employer
Physical Therapist	EastConn

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/12/2026	$70.00	$30.00

Last Name	First Name	MI
Lightfoot	Theresa	

Residential Street Address	City	State	Zip Code
103 Jessica Ln .	Dayville	CT	06241

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/13/2026	$272.03	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Grandelski	Edward	

Residential Street Address	City	State	Zip Code
877 Upper Maple St	Dayville	CT	06241

Principal Occupation	Name of Employer
contractor	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: $50.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Date Received	Aggregate Contributions
05/13/2026	$50.00

Last Name	First Name	MI
Fisher	Kellie	

Residential Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $300.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06262026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

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

Date Received	Aggregate Contributions
06/24/2026	$549.98

Total of Section B	**$845.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$845.00**

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

Date of Receipt	Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event #	Amount
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

Date of Receipt	Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

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

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	

Total of Section H

I. Monetary Receipts (Section A-K)

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

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
05/20/2026	A	Convention Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
68 Providence Rd	Putnam	CT	06260

Subpart 1: (All Committees)

Was this event hosted at a personal residence?
☐ Yes ☐ No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?
☐ Yes ☒ No

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?
☐ Yes ☒ No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
☐ Yes ☒ No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
☐ Yes ☒ No

(If yes, enter Total Receipts here.) $0.00

Total of Section L1	**$0.00**

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

Name of Purchaser				Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**
Street Address	City	State	Zip Code	

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Business Entity / Individual / Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

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

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

M. In-Kind Contributions

Name: Lori Zornado

Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

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

Date Received: 05/02/2026

Aggregate contributions: $375.00

Description of In-Kind Contribution: stickers and tattoos for QC Pride

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $60.00

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

If yes, list Event# 05022026A

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

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

Name: Lori Zornado

Street Address	City	State	Zip Code
32 Foster St .	Danielson	CT	06239

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

Date Received: 05/04/2026

Aggregate contributions: $575.00

Description of In-Kind Contribution: Supplies for Fireworks Event

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $200.00

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

If yes, list Event# 06262026A

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

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

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name: Kellie Fisher

Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

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

Date Received: 06/02/2026

Aggregate contributions: $119.17

Description of In-Kind Contribution: Bottled water

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $52.74

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

If yes, list Event# 06262026A

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

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

Name: Kellie Fisher

Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

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

Date Received: 06/02/2026

Aggregate contributions: $119.17

Description of In-Kind Contribution: Bottled water

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $28.47

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

If yes, list Event# 06262026A

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

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

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name: Kellie Fisher

Street Address	City	State	Zip Code
94 Dam Rd	Dayville	CT	06241

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

Date Received: 06/02/2026

Aggregate contributions: $119.17

Description of In-Kind Contribution: Bottled water

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $37.96

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

If yes, list Event# 06262026A

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

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

Total of Section M	$379.17

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Vista Print	04/01/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description	Event #
PRNT	500 notecards and envelopes	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$170.15

Name of Payee	Date of Payment	Method of Payment
AWARDS & PRINTING	04/27/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1011 N Main St	Dayville	CT	06241

Purpose of Expenditure (by code)	Description	Event #
PRNT	Flyers for Quiet Corner Pride event	05022026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$42.54

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~04/29/2026~~	[ ] Check # [ ] Debit Card [~~X~~] EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Anedot fee for Lofquist gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	~~$4.30~~

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**04/29/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Anedot fee for Lofquist gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$4.30**

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**04/30/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Anedot fee for Zornado gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$2.30**

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~04/30/2026~~	☐ Check # ☐ Debit Card ☒ ~~X~~ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Anedot fee for Zornado gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ ~~X~~ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	~~$2.30~~

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/12/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from Weinberg gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below	~~$1.30~~
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/12/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from E, Chartier gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below	~~$1.30~~
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/12/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from B. Gaudreau gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below	~~$0.90~~
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/12/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from H. Flexer Gift for J. Labelle~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	~~$4.30~~

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/12/2026~~	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from Contribution for J. Labelle from M. Murdock~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	~~$1.50~~

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/12/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from E, Chartier gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$1.30**

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/12/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from H. Flexer Gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$4.30**

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/12/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from Weinberg gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$1.30**

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/12/2026**	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from B. Gaudreau gift for J. Labelle**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	**$0.90**

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/12/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from Contribution for J. Labelle from M. Murdock**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	**$1.50**

Name of Payee	Date of Payment	Method of Payment
ANEDOT, INC	**05/13/2026**	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
5555 Hilton Ave	**Baton Rouge**	**LA**	**70808**

Purpose of Expenditure (by code)	Description	Event #
WEB	**Fee from contribution for John Labelle from T. Lightfoot**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	**$4.30**

Name of Payee	Date of Payment	Method of Payment
Renees Bistro & Catering	**05/13/2026**	[X] Check # **1049** [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
142 School St	**Putnam**	**CT**	**06260**

Purpose of Expenditure (by code)	Description	Event #
FOOD	**Food for 51st district convention**	**05202026A**

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
629752	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [X] C [ ] D	**$51.00**

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Knights of Columbus	**05/13/2026**	[X] Check # **1048** [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
68 Providence St .	**Putnam**	**CT**	**06260**

Purpose of Expenditure (by code)	Description	Event #
Misc *	**Hall rental for 51st district convention**	**05202026A**

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
629753	[ ] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [X] Organization [ ] A [ ] B [X] C [ ] D	**$81.82**

Name of Payee	Date of Payment	Method of Payment
~~ANEDOT, INC~~	~~05/13/2026~~	[ ] Check # [ ] Debit Card [~~X~~] EFT

Street Address	City	State	Zip Code
~~5555 Hilton Ave~~	~~Baton Rouge~~	~~LA~~	~~70808~~

Purpose of Expenditure (by code)	Description	Event #
~~BNK~~	~~Fee from contribution for John Labelle from T. Lightfoot~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	~~$4.30~~

Name of Payee	Date of Payment	Method of Payment
Day Kimball Foundation - Hospice	05/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
320 Pomfret St .	Putnam	CT	06260

Purpose of Expenditure (by code)	Description	Event #
Misc *	Donation to Day Kimball Hospice in memory of John Labelle	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$795.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Knights of Columbus~~	~~05/13/2026~~	[~~X~~] Check # ~~1048~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~68 Providence St .~~	~~Putnam~~	~~CT~~	~~06260~~

Purpose of Expenditure (by code)	Description	Event #
~~Misc *~~	~~Hall rental for 51st district convention~~	~~05202026A~~

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	~~$81.82~~

Name of Payee	Date of Payment	Method of Payment
~~Renees Bistro & Catering~~	~~05/13/2026~~	[~~X~~] Check # ~~1049~~ [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~142 School St~~	~~Putnam~~	~~CT~~	~~06260~~

Purpose of Expenditure (by code)	Description	Event #
~~FOOD~~	~~Food for 51st district convention~~	~~05202026A~~

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	~~$51.00~~

Name of Payee	Date of Payment	Method of Payment
NORTHEAST DISTRICT DEPARTMENT OF HEALTH	06/04/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
69 S Main St Unit 4	Brooklyn	CT	06234

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Permit fee to sell food at Owen Bell 6/26/26 Event	06262026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$33.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
New Way Strategies	06/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
47 Avonwood Rd # 212	Avon	CT	06001

Purpose of Expenditure (by code)	Description	Event #
Misc *	Text campaign to support BOE budget passage	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$492.16
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Name of Payee	Date of Payment	Method of Payment
BIG Y	06/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
70 Wauregan Rd	Danielson	CT	06239

Purpose of Expenditure (by code)	Description	Event #
Misc *	Ice for water giveaway	06262026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$19.96
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Total of Section P	**$1,705.83**

IV. EXPENDITURES (Sections P - T)

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

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

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
Killingly Democratic Town Committee	July 10 Filing - Amendment

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P Check # Debit Card EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization: A B C D		
			Total of Section T	

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
Killingly Democratic Town Committee	July 10 Filing - Amendment

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
629752	☒ **Supported** ☐ **Opposed**	**$51.00**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Angelina M Wagner	**State Representative**	**$51.00**

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

Expenditure #		Amount of Expenditure
629753	☒ **Supported** ☐ **Opposed**	**$81.82**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Angelina M Wagner	**State Representative**	**$81.82**

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

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