

**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			
<b>Brooklyn Democratic Town Committee</b>			
2. TREASURER NAME			
First <b>Tiffanie</b>	MI <b>J</b>	Last <b>Schley</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>25 Woodland Dr</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234-1731</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>October 10 Filing - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>07/01/2025</b>		thru <b>09/30/2025</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Tiffanie Schley</b>	<b>10/10/2025 11:23:46PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Brooklyn Democratic Town Committee</b>	October 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		<b>\$6,270.19</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$9,315.06</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$2,693.20</b>	<b>\$4,934.20</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$1,000.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$315.00</b>	<b>\$922.89</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$3,008.20</b>	<b>\$6,857.09</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$12,323.26</b>	<b>\$13,127.28</b>
19. Expenses Paid by Committee (Section P)	<b>\$5,203.37</b>	<b>\$6,007.39</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$7,119.89</b>	<b>\$7,119.89</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$200.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$385.00</b>	<b>\$385.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

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

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

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

(See instructions for definition of Small Contributor)

Subtotal Section A

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

Last Name WISHART		First Name RAYMOND JR		MI E
Residential Street Address 70 Wrights Crossing Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation NETWORK ENG		Name of Employer COX COMMUNICATIONS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2025	Aggregate Contributions \$48.90	\$18.90

Last Name MCCARTHY		First Name PATRICK		MI
Residential Street Address 15 Freedley Frk		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation TEACHER		Name of Employer RECTORY SCHOOL		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2025	Aggregate Contributions \$23.70	\$23.70

Last Name BELLAVANCE		First Name JOE		MI
Residential Street Address 42 Hyde Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation OWNER		Name of Employer JBELLAVANCE CONSULTING		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2025	Aggregate Contributions \$191.40	\$95.70

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

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

**B. Itemized Contributions from Individuals**

Last Name GIGLE		First Name MAX		MI E
Residential Street Address 11 Warrenton Ave		City Hartford	State CT	Zip Code 06105
Principal Occupation IT		Name of Employer STATE OF CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2025	Aggregate Contributions \$109.50	\$47.70

Last Name ARENDS		First Name LISA		MI
Residential Street Address 533 Allens Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/02/2025	Aggregate Contributions \$239.00	\$95.70

Last Name MCNALLY		First Name TIM		MI
Residential Street Address 60 Chase Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$50.00	\$50.00

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

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

**B. Itemized Contributions from Individuals**

Last Name LABELLE		First Name JOHN		MI
Residential Street Address 57 Island Rd		City Dayville	State CT	Zip Code 06241
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$25.00	
				\$25.00
Last Name PERKINS-BONAS		First Name MELISSA		MI
Residential Street Address 318 Allen Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIREE		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$40.00	
				\$40.00
Last Name WELZ		First Name DIANE		MI L
Residential Street Address 93 Tripp Hollow Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$60.00	
				\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name IVES		First Name RICHARD		MI A
Residential Street Address 389 Pomfret Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$200.00	\$100.00

Last Name Dunne		First Name Cynthia		MI
Residential Street Address 133 Bates Ave		City Putnam	State CT	Zip Code 06260
Principal Occupation ZONING ENF. OFF.		Name of Employer TOWN OF PUTNAM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$40.00	\$20.00

Last Name WASSTROM		First Name SUSAN		MI
Residential Street Address 709 Hartford Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08022025B</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/08/2025	Aggregate Contributions \$150.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name SHANNON		First Name MICHELLE		MI D
Residential Street Address 255 Barrett Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/24/2025	Aggregate Contributions \$47.70	\$47.70

Last Name WILLIAMS Jr.		First Name DONALD		MI E
Residential Street Address 41 Malbone Ln		City Brooklyn	State CT	Zip Code 06234
Principal Occupation EXECUTIVE DIRECTOR		Name of Employer CT EDUCATION ASS.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/25/2025	Aggregate Contributions \$200.00	\$200.00

Last Name WILLIAMS		First Name Laura		MI L
Residential Street Address 41 Malbone Ln		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 08/25/2025	Aggregate Contributions \$238.10	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name SMANIK		First Name ROBERT		MI	
Residential Street Address 263 Wolf Den Red		City Brooklyn		State CT	Zip Code 06234
Principal Occupation RETIRED			Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/14/2025	Aggregate Contributions \$191.40	\$95.70
Last Name DIPIPPO		First Name EDIT		MI	
Residential Street Address 243 Allen Hill Rd		City Brooklyn		State CT	Zip Code 06234
Principal Occupation LEGAL ASSISTANT			Name of Employer MORGAN LEWIS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/14/2025	Aggregate Contributions \$109.80	\$38.10
Last Name OLIVO		First Name MARK		MI	
Residential Street Address 49 Pomfret Rd		City Brooklyn		State CT	Zip Code 06234
Principal Occupation SELF			Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 09/14/2025	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
Brooklyn Democratic Town Committee	October 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name BAKER		First Name ISABEL		MI M
Residential Street Address 296 Barrett HI		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$20.00	\$20.00
Last Name SCHLEY		First Name TIFFANIE		MI J
Residential Street Address 25 Woodland Dr		City Brooklyn	State CT	Zip Code 06234-1731
Principal Occupation care giver		Name of Employer self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$60.00	\$20.00
Last Name CLARK		First Name KATHLEEN		MI B
Residential Street Address 273 Barrett Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation retired		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$175.00	\$40.00

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

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

**B. Itemized Contributions from Individuals**

Last Name IVES		First Name RICHARD		MI A
Residential Street Address 389 Pomfret Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$300.00	\$100.00

Last Name WASSTROM		First Name SUSAN		MI A
Residential Street Address 709 Hartford Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$450.00	\$300.00

Last Name CLARK		First Name KATHLEEN		MI B
Residential Street Address 273 Barrett Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation retired		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$175.00	\$20.00

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

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

**B. Itemized Contributions from Individuals**

Last Name ARENDS		First Name LISA		MI
Residential Street Address 533 Allens Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$389.00	\$50.00

Last Name BELLAVANCE		First Name JOE		MI
Residential Street Address 42 Hyde Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation OWNER		Name of Employer JBELLAVANCE CONSU;TING		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$691.40	\$500.00

Last Name SIGFRIDSON		First Name LAURIE		MI
Residential Street Address 125 Fitzgerald Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation		Name of Employer SELF		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name AREND S		First Name LISA		MI
Residential Street Address 533 Allens Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$389.00	\$50.00

Last Name BARTON		First Name HOPE		MI B
Residential Street Address 472 Allen Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$60.00	\$60.00

Last Name BAKER		First Name ROBERT		MI
Residential Street Address 296 Barrett Hill Rd		City Brooklyn	State CT	Zip Code 06234
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09142025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No			
Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 09/14/2025	Aggregate Contributions \$40.00	\$40.00

**Total of Section B \$2,693.20**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page) \$2,693.20**

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Brooklyn Democratic Town Committee					October 10 Filing - Original
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with an event reported in Section L1? If yes, list Event #			Amount of Contribution
		Yes      No			
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT
Brooklyn Democratic Town Committee					October 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				
<b>Total of Section C2</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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
<b>Total of Section F</b>					

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

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	TYPE OF REPORT	
Brooklyn Democratic Town Committee	October 10 Filing - Original	
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of Payment Cash                      Personal Check                      Credit/Debit Card	Amount
<b>Total of Section H</b>		

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 10 Filing - Original

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction		Amount Received
Street Address	City	State	
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
Brooklyn Democratic Town Committee	October 10 Filing - Original

### L1. Event Information

Event # Date of Event	Letter B	Description Meet and Greet Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 416 Providence Rd		City Brooklyn	State CT	Zip Code 06234
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

Event # Date of Event	Letter C	Description Home Fundraiser	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location: Street Address 389 Pomfret Rd		City Brooklyn	State CT	Zip Code 06234
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i>	\$315.00
<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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>(If yes, enter Total Receipts here.)</i>	\$0.00

**Total of Section L1**

**\$315.00**

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

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

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

Name of Purchaser		Purchase Made By: <b>Business Entity</b> <b>Other</b> <b>Individual/Sole Proprietorship</b>		
Street Address		City	State	Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

<b>Total of Section L3</b>	
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**II. EVENT ACTIVITY (Sections L1 - L5)**

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

**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	

<b>Total of Section L4</b>	
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**II. EVENT ACTIVITY (Sections L1 - L5)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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	

<b>Total of Section L5</b>	
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### III. NONMONETARY RECEIPTS (Sections M - O)

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

#### M. In-Kind Contributions

Name DEANNA J NIEJADLIK				
Street Address 99 Day St		City Brooklyn	State CT	Zip Code 06234
Type of Contributor: <input type="checkbox"/> Committee	Date Received 09/14/2025	Aggregate contributions \$180.00	Description of In-Kind Contribution FINGER SANDWICHES /FALL ORNAMENT/GIFT CARD	
<input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event# <u>09142025C</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$160.00

Name LISA ARENDS				
Street Address 533 Allens Hill Rd		City Brooklyn	State CT	Zip Code 06234
Type of Contributor: <input type="checkbox"/> Committee	Date Received 09/14/2025	Aggregate contributions \$389.00	Description of In-Kind Contribution BROOKLYN MAP AND ORNAMENT	
<input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list Event# <u>09142025C</u>	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	\$50.00

### III. NONMONETARY RECEIPTS (Sections M - O)

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

#### M. In-Kind Contributions

Name KELLY BELLAVANCE				
Street Address 49 Hyde Rd		City Brooklyn	State CT	Zip Code 06234
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 09/14/2025	Aggregate contributions \$100.00	Description of In-Kind Contribution SWEET PEAS GIFT BASKET	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$100.00	
If yes, list Event# <u>09142025C</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

Name Laura L WILLIAMS				
Street Address 41 Malbone Ln		City Brooklyn	State CT	Zip Code 06234
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 09/14/2025	Aggregate contributions \$75.00	Description of In-Kind Contribution WINE BASKET	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75.00	
If yes, list Event# <u>09142025C</u>	If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			

**Total of Section M**

**\$385.00**

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

NAME OF COMMITTEE	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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
Brooklyn Democratic Town Committee	October 10 Filing - Original
<b>P. Expenses Paid By Committee</b>	

Name of Payee TIFFANIE J SCHLEY		Date of Payment 08/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1680 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Woodland Dr		City Brooklyn	State CT	Zip Code 06234
Purpose of Expenditure (by code) A-OTH	Description text message advertising			Event # 08022025B
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount \$75.10
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee TIFFANIE J SCHLEY		Date of Payment 08/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1681 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 25 Woodland Dr		City Brooklyn	State CT	Zip Code 06234
Purpose of Expenditure (by code) FOOD	Description food for 8/2/2025 Fundraiser			Event # 08022025B
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount \$360.16
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

Name of Payee BANKHOMETOWN		Date of Payment 08/27/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 13 Canterbury Rd		City Brooklyn	State CT	Zip Code 06234
Purpose of Expenditure (by code) BNK	Description CHECKS			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount \$79.72
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			

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

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

**P. Expenses Paid By Committee**

Name of Payee <b>WILLIAMS</b>		Date of Payment <b>08/28/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1684</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>41 Malbone Ln</b>		City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234</b>
Purpose of Expenditure (by code) <b>A-OTH</b>	Description <b>FLYERS</b>			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$240.41</b>
Name of Payee <b>WILLIAMS</b>		Date of Payment <b>08/28/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1686</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>41 Malbone Ln</b>		City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234</b>
Purpose of Expenditure (by code) <b>A-SIGN</b>	Description <b>NOMINEE SIGNS</b>			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$1,447.98</b>
Name of Payee <b>NEW WAY STRATEGIES</b>		Date of Payment <b>09/12/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1688</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>47 Avonwood Rd # 212</b>		City <b>Avon</b>	State <b>CT</b>	Zip Code <b>06001</b>
Purpose of Expenditure (by code) <b>A-OTH</b>	Description <b>DIGITAL (TXT)</b>			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$3,000.00</b>

**Total of Section P**

**\$5,203.37**

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			October 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
<b>Total of Section Q</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Brooklyn Democratic Town Committee			October 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		
<b>Total of Section R</b>			



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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
SCHLEY	TIFFANIE	J	08/02/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
HANK'S	<input checked="" type="checkbox"/> Check # 1681 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
416 Providence Rd	Brooklyn	CT	06234

Purpose of Expenditure (by code)	Description	Event #
FOOD	MEET AND GREET EVENT	08022025B

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$360.16

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
SCHLEY	TIFFANIE	J	08/14/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
NEW WAY STRATEGIES	<input checked="" type="checkbox"/> Check # 1680 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
47 Avonwood Rd # 212	Avon	CT	06001

Purpose of Expenditure (by code)	Description	Event #
A-OTH	TEXT MESSAGES	08022025B

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$75.10

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Brooklyn Democratic Town Committee	October 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
WILLIAMS	DONALD		08/18/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
NEXTDAYFLYERS	<input checked="" type="checkbox"/> Check # 1684 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
8000 Haskell Ave	Van Nuys	CA	91406

Purpose of Expenditure (by code)	Description	Event #
A-OTH	FLYERS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$240.41

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
WILLIAMS	DONALD		08/18/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
JUST YARD SIGNS	<input checked="" type="checkbox"/> Check # 1686 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
2235 Mercator Dr	Orlando	FL	32807

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	NOMINEE SIGNS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$1,447.98

<b>Total of Section T</b>		<b>\$2,123.65</b>
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Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
<b>Event #</b>	
Name of Candidate or Committee	

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

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	

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

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