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

Manchester Democratic Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Michael	**A**	**Stebe**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
85 Hollister St	**Manchester**	**CT**	**06042-3561**

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

October 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
07/01/2025	thru	**09/30/2025**

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	**Michael Stebe**	**10/09/2025 11:28:10PM**
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	
Manchester Democratic Town Committee	**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		**$13,235.49**
12. Balance on hand at the beginning of Reporting Period	**$24,174.81**	
13. Contributions received from Individuals (Section A and B)	**$30,525.00**	**$43,350.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$9,250.00**	**$12,940.00**
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**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$0.00**	**$1,940.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$39,775.00**	**$58,230.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$63,949.81**	**$71,465.49**
19. Expenses Paid by Committee (Section P)	**$21,442.80**	**$28,958.48**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	**$42,507.01**	**$42,507.01**
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)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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	First Name	MI
Zelaya	Sonia	E

Residential Street Address	City	State	Zip Code
400 N Main St	Manchester	CT	06042-1933

Principal Occupation	Name of Employer
Quality Control	Collins Aerospace / Raytheon

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
07/03/2025	$65.00	$10.00

Last Name	First Name	MI
DeBatte	Tori	

Residential Street Address	City	State	Zip Code
20 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Senior Manager	CVS Health

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
07/20/2025	$35.00	$5.00

Last Name	First Name	MI
Perlstein	John	R

Residential Street Address	City	State	Zip Code
30048 Simpler Br	Lewes	DE	19958-9519

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
07/27/2025	$75.00	$75.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Buden	Dennis	

Residential Street Address	City	State	Zip Code
51 Case Mountain Rd	Manchester	CT	06040-6830

Principal Occupation	Name of Employer
Consultant	Dennis Buden Public Relations, LLC

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
07/27/2025	$25.00	$25.00

Last Name	First Name	MI
ONeill	Colin	

Residential Street Address	City	State	Zip Code
109 Autumn St	Manchester	CT	06040-5518

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
07/28/2025	$1,000.00	$1,000.00

Last Name	First Name	MI
Cicitto	Karl	

Residential Street Address	City	State	Zip Code
726 Newgate Rd	West Suffield	CT	06093-3001

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
07/28/2025	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
07/30/2025	$245.00

Last Name	First Name	MI
Gardiner	Ana	

Residential Street Address	City	State	Zip Code
15 Ledgecrest Ter	Manchester	CT	06040-6918

Principal Occupation	Name of Employer
Public accountant	PwC

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
07/31/2025	$100.00

Last Name	First Name	MI
Ahmed Usa	Tamim	

Residential Street Address	City	State	Zip Code
35 Fairway Xing	Glastonbury	CT	06033-1451

Principal Occupation	Name of Employer
Healthcare Research	Health Analytics llc

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

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

Amount of Contribution: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
07/31/2025	$370.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Shaheen	Ahmed	

Residential Street Address	City	State	Zip Code
29 Littlebrook Xing	Farmington	CT	06032-3322

Principal Occupation	Name of Employer
Managing Director	Subway

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	07/31/2025	$125.00

Last Name	First Name	MI
Islam	Nazrul	

Residential Street Address	City	State	Zip Code
9608 25th Ave	East Elmhurst	NY	11369-1546

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	07/31/2025	$30.00

Last Name	First Name	MI
Karim	Abu	

Residential Street Address	City	State	Zip Code
16 Lindencrest Dr	Danbury	CT	06811-4231

Principal Occupation	Name of Employer
Cashier	7-eleven

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/01/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Wahed	Abedul	

Residential Street Address	City	State	Zip Code
38 Jessica Dr	South Windsor	CT	06074-1822

Principal Occupation	Name of Employer
Sales	New Country Mercedes Benz

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/01/2025	$125.00

Last Name	First Name	MI
Ali	Shakawat	

Residential Street Address	City	State	Zip Code
2815 Tiemann Ave	Bronx	NY	10469-3413

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/01/2025	$125.00

Last Name	First Name	MI
Tierney	William	

Residential Street Address	City	State	Zip Code
3011 Westview Cir	Lake Oswego	OR	97034-6750

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/01/2025	$200.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Rifkin	Lawrence	B

Residential Street Address	City	State	Zip Code
21 Holley Ln	Prospect	CT	06712-1484

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
08/02/2025	$25.00	$25.00

Last Name	First Name	MI
Dyer	Richard	

Residential Street Address	City	State	Zip Code
358 Timrod Rd	Manchester	CT	06040-6749

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
08/02/2025	$140.00	$100.00

Last Name	First Name	MI
Stevenson	James	R

Residential Street Address	City	State	Zip Code
35 Chatham Dr	Manchester	CT	06042-8522

Principal Occupation	Name of Employer
Registrar of voters	T of Manchester

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
08/03/2025	$400.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kestenbaum	Leslie	

Residential Street Address	City	State	Zip Code
48 Sunrise Rdg	Rockfall	CT	06481-2050

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/04/2025	$25.00

Last Name	First Name	MI
Packer	Warren	J

Residential Street Address	City	State	Zip Code
374 Lydall St	Manchester	CT	06042-3301

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: $1,000.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/05/2025	$1,160.00

Last Name	First Name	MI
Hoelzel	William	E

Residential Street Address	City	State	Zip Code
24 Riverwalk Dr	Weatogue	CT	06089-9612

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/05/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Sullivan	Michael	J

Residential Street Address	City	State	Zip Code
22 Hartwell Rd	West Hartford	CT	06117-1909

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
08/06/2025	$100.00	$100.00

Last Name	First Name	MI
AHMED	SHAHEEN	

Residential Street Address	City	State	Zip Code
10040 Francis Lewis Blvd	Queens Village	NY	11429-1056

Principal Occupation	Name of Employer
Manager	Dominos

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
08/07/2025	$125.00	$125.00

Last Name	First Name	MI
Ahsan	Shameem	

Residential Street Address	City	State	Zip Code
135 Devon Rd	Albertson	NY	11507-2124

Principal Occupation	Name of Employer
Sales	Altia Solutions

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
08/08/2025	$60.00	$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Mortimer	Tom	

Residential Street Address	City	State	Zip Code
63 Volpi Rd	Bolton	CT	06043-7548

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/10/2025	$30.00

Last Name	First Name	MI
Amenta	Laura	

Residential Street Address	City	State	Zip Code
135 Red Hill Dr	Glastonbury	CT	06033-3134

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/10/2025	$125.00

Last Name	First Name	MI
Davidson	Naomi	

Residential Street Address	City	State	Zip Code
46 Addison Pond Rd	Glastonbury	CT	06033-1663

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/10/2025	$25.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kennedy	James	

Residential Street Address	City	State	Zip Code
10 Cutler Rd	Old Lyme	CT	06371-1856

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/11/2025	$60.00

Last Name	First Name	MI
Ahmed	Harun	

Residential Street Address	City	State	Zip Code
32 Elro St	Manchester	CT	06040-4228

Principal Occupation	Name of Employer
Town Constable	Town of Manchester

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/11/2025	$680.00

Last Name	First Name	MI
Carlson	Janis	

Residential Street Address	City	State	Zip Code
240 Griswold Dr	West Hartford	CT	06119-1023

Principal Occupation	Name of Employer
RN	Interim Health Care

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/11/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Tommelleo	Donna	

Residential Street Address	City	State	Zip Code
25 Sarah Pearl Rd	Hampton	CT	06247-1436

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/11/2025	$30.00

Last Name	First Name	MI
Rothenberg	Dan	

Residential Street Address	City	State	Zip Code
73 Cranberry Run Rd	East Falmouth	MA	02536-7811

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/11/2025	$60.00

Last Name	First Name	MI
Islam	Md	

Residential Street Address	City	State	Zip Code
129 Brook St	South Windsor	CT	06074-1309

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

Amount of Contribution: $5.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/12/2025	$5.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hussain	M Imran	

Residential Street Address	City	State	Zip Code
3210 56th St	Woodside	NY	11377-1917

Principal Occupation	Name of Employer
Supervisor	MTA

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/12/2025	$125.00

Last Name	First Name	MI
Farooque	Nazmul	

Residential Street Address	City	State	Zip Code
44 Lefoll Blvd	South Windsor	CT	06074-4211

Principal Occupation	Name of Employer
Business man	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: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/12/2025	$250.00

Last Name	First Name	MI
Islam	Md	

Residential Street Address	City	State	Zip Code
20 Chatham Ln	South Windsor	CT	06074-2271

Principal Occupation	Name of Employer
Application Developer	CVS Health

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

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

Amount of Contribution: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/12/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Chowdhury	Jahed	

Residential Street Address	City	State	Zip Code
23 Oxford St	Manchester	CT	06042-3512

Principal Occupation	Name of Employer
Driver	Jaguar limo

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/12/2025	$180.00

Last Name	First Name	MI
Chowdhury	Minal	

Residential Street Address	City	State	Zip Code
66 William St	Manchester	CT	06042-3145

Principal Occupation	Name of Employer
Driver	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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/12/2025	$30.00

Last Name	First Name	MI
Bidwell	Gerald	

Residential Street Address	City	State	Zip Code
126 Saddle Hill Rd	Manchester	CT	06040-6916

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/13/2025	$90.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Jones	Sarah	L

Residential Street Address	City	State	Zip Code
661 Middle Tpke E Apt B	Manchester	CT	06040-3741

Principal Occupation	Name of Employer
Education Consultant	State of Connecticut

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

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

Amount of Contribution: $1,300.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/13/2025	$1,560.00

Last Name	First Name	MI
Alam	Nazmul	

Residential Street Address	City	State	Zip Code
77 Tracy Dr	Manchester	CT	06042-2324

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/13/2025	$60.00

Last Name	First Name	MI
Flynn	Sarah	

Residential Street Address	City	State	Zip Code
6 Evergreen Ln	Warren	CT	06754-1511

Principal Occupation	Name of Employer
Director medical affairs	Novartis

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Ahmed	Minhaz	

Residential Street Address	City	State	Zip Code
6515 38th Ave Apt 5F	Woodside	NY	11377-2906

Principal Occupation	Name of Employer
Translator	NYC DOE

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$30.00

Last Name	First Name	MI
bransfield	john	

Residential Street Address	City	State	Zip Code
21 Meadowood Rd	Storrs	CT	06268-1903

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$60.00

Last Name	First Name	MI
Ticotsky	Charlie	

Residential Street Address	City	State	Zip Code
17 Myrtle Ave	Wakefield	MA	01880-4013

Principal Occupation	Name of Employer
Deputy Director	MOTT

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: $40.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$40.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Schumacher	Susan	

Residential Street Address	City	State	Zip Code
1120 S 2nd St Apt 1207	Minneapolis	MN	55415-1399

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$100.00

Last Name	First Name	MI
Drezner	Erika	

Residential Street Address	City	State	Zip Code
353 Ocean Ave Apt 5C	Brooklyn	NY	11226-1310

Principal Occupation	Name of Employer
Teacher	The Berkeley Carroll School

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/14/2025	$30.00

Last Name	First Name	MI
Berkman	Robert	

Residential Street Address	City	State	Zip Code
70 Prospect Park SW Apt C4	Brooklyn	NY	11215-5981

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/15/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
cross	wendi	

Residential Street Address	City	State	Zip Code
2171 East Ave	Rochester	NY	14610-2607

Principal Occupation	Name of Employer
Psychologist	urmc

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$60.00

Last Name	First Name	MI
Beja	Jessica	

Residential Street Address	City	State	Zip Code
148 Jerome Ave	Mineola	NY	11501-3303

Principal Occupation	Name of Employer
Teacher	Green Vale

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$60.00

Last Name	First Name	MI
weiner	jennie	

Residential Street Address	City	State	Zip Code
95 Lexington Ave	Somerville	MA	02144-2608

Principal Occupation	Name of Employer
professor	uconn

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: $500.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$500.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Grimeslamb	Kathy	

Residential Street Address	City	State	Zip Code
2265 Gerritsen Ave # 2-G	Brooklyn	NY	11229-5651

Principal Occupation	Name of Employer
Tutor	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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$125.00

Last Name	First Name	MI
Deschner	Veronica	

Residential Street Address	City	State	Zip Code
1605 W 6th St	Reno	NV	89503-4006

Principal Occupation	Name of Employer
Project manager	Travelers Insurance

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

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

Amount of Contribution: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$30.00

Last Name	First Name	MI
Best	Greg	

Residential Street Address	City	State	Zip Code
31 Gardner St	Manchester	CT	06040-5610

Principal Occupation	Name of Employer
Owner	Case Mountain Tree Service

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/16/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Ripon	Mizanur	

Residential Street Address	City	State	Zip Code
820 Matianuck Ave	Windsor	CT	06095-3550

Principal Occupation	Name of Employer
Technician	Harp

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/17/2025	$125.00

Last Name	First Name	MI
Schlesser	Ethan	

Residential Street Address	City	State	Zip Code
3 Erman Ln	New Paltz	NY	12561-3305

Principal Occupation	Name of Employer
Educator	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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/17/2025	$100.00

Last Name	First Name	MI
Kamin	Eli	

Residential Street Address	City	State	Zip Code
1405 29th Ave NE	Minneapolis	MN	55418-2207

Principal Occupation	Name of Employer
Eli Kamin	Eli Kamin

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/18/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Rahman	Shuelur	

Residential Street Address	City	State	Zip Code
25 Madison St	Manchester	CT	06040-5333

Principal Occupation	Name of Employer
School Bus Driver	Autumn Transportation

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/18/2025	$30.00

Last Name	First Name	MI
Billah	Al	

Residential Street Address	City	State	Zip Code
595 Center St	Manchester	CT	06040-3946

Principal Occupation	Name of Employer
Layout tech	ABA-PGT INC

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/18/2025	$50.00

Last Name	First Name	MI
Luna	Daniela	

Residential Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040-6374

Principal Occupation	Name of Employer
Legislative Aide	State of CT

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	08/19/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Luna	Emily	

Residential Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040-6374

Principal Occupation	Name of Employer
Attorney	Greater Hartford Legal Aid, Inc.

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/19/2025	$50.00

Last Name	First Name	MI
Perkins	Thomas	E

Residential Street Address	City	State	Zip Code
189 West St	Hebron	CT	06248-1255

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/19/2025	$50.00

Last Name	First Name	MI
Dumaine	David	M

Residential Street Address	City	State	Zip Code
86 Tracy Dr	Manchester	CT	06042-2325

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/20/2025	$470.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
DeBatte	Tori	

Residential Street Address	City	State	Zip Code
20 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Senior Manager	CVS Health

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

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

Amount of Contribution: $5.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/20/2025	$40.00

Last Name	First Name	MI
Garow	Jonathan	

Residential Street Address	City	State	Zip Code
28 Russell Dr	Tolland	CT	06084-3203

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/20/2025	$125.00

Last Name	First Name	MI
Milone	Mitchell	

Residential Street Address	City	State	Zip Code
157 Saybrook Rd	Middletown	CT	06457-4704

Principal Occupation	Name of Employer
Dentist	Mitchell Milone DMD

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions
08/21/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Ahmed	Saleha	

Residential Street Address	City	State	Zip Code
10040 Francis Lewis Blvd # 2	Queens Village	NY	11429-1056

Principal Occupation	Name of Employer
Nurse	Ppl

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/21/2025	$125.00

Last Name	First Name	MI
Bell	Lori	

Residential Street Address	City	State	Zip Code
31 Preston Dr	Manchester	CT	06040-2613

Principal Occupation	Name of Employer
Fiscal Admin Assistant	State of CT

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

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

Amount of Contribution: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/22/2025	$25.00

Last Name	First Name	MI
Haidar	Chaudhury	

Residential Street Address	City	State	Zip Code
97 River St	Windsor	CT	06095-1362

Principal Occupation	Name of Employer
BS	CT Transit

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/23/2025	$165.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cagianello	Erin	

Residential Street Address	City	State	Zip Code
259 Porter St	Manchester	CT	06040-5506

Principal Occupation	Name of Employer
Director	USAA

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/23/2025	$30.00

Last Name	First Name	MI
Mix	Beth	

Residential Street Address	City	State	Zip Code
390 Gardner St	Manchester	CT	06040-6779

Principal Occupation	Name of Employer
Youth Worker	CHR

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/24/2025	$460.00

Last Name	First Name	MI
Mix	Beth	

Residential Street Address	City	State	Zip Code
390 Gardner St	Manchester	CT	06040-6779

Principal Occupation	Name of Employer
Youth Worker	CHR

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/24/2025	$460.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Mix	Beth	

Residential Street Address	City	State	Zip Code
390 Gardner St	Manchester	CT	06040-6779

Principal Occupation	Name of Employer
Youth Worker	CHR

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/24/2025	$460.00

Last Name	First Name	MI
Mix	Beth	

Residential Street Address	City	State	Zip Code
390 Gardner St	Manchester	CT	06040-6779

Principal Occupation	Name of Employer
Youth Worker	CHR

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/24/2025	$460.00

Last Name	First Name	MI
Dickerson	Sandra	

Residential Street Address	City	State	Zip Code
40 McDivitt Dr	Manchester	CT	06042-2240

Principal Occupation	Name of Employer
Administrator	Cooney scully and dowling

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions
08/25/2025	$110.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Barlow	Malcolm	F

Residential Street Address	City	State	Zip Code
627 Spring St	Manchester	CT	06040-6745

Principal Occupation	Name of Employer
Attorney	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: $1,740.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$1,740.00

Last Name	First Name	MI
Kramer	Bettye	G

Residential Street Address	City	State	Zip Code
41 Campfield Rd	Manchester	CT	06040-5714

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$85.00

Last Name	First Name	MI
Valle	Mirian	

Residential Street Address	City	State	Zip Code
301 52nd St Apt 3	West New York	NJ	07093-1932

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cruz	Daisy	

Residential Street Address	City	State	Zip Code
141 Tudor Ln Apt G	Manchester	CT	06042-8204

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

Last Name	First Name	MI
Bidwell	Gerald	

Residential Street Address	City	State	Zip Code
126 Saddle Hill Rd	Manchester	CT	06040-6916

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$120.00

Last Name	First Name	MI
Cruz	Hector	M

Residential Street Address	City	State	Zip Code
141 Tudor Ln Apt G	Manchester	CT	06042-8204

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cruz	Hector	M

Residential Street Address	City	State	Zip Code
141 Tudor Ln Apt G	Manchester	CT	06042-8204

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

Last Name	First Name	MI
Borges	Carlos	

Residential Street Address	City	State	Zip Code
325 Calle William Colon	Salinas	PR	00751-3805

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$25.00

Last Name	First Name	MI
Ramos	Mirna	

Residential Street Address	City	State	Zip Code
325 Calle William Colon	Salinas	PR	00751-3805

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$25.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)
Manchester Democratic Town Committee

TYPE OF REPORT
October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cruz	Karen	

Residential Street Address	City	State	Zip Code
600 Sandberg St	Surfside Beach	SC	29575-8636

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

Last Name	First Name	MI
Davis	Tanya	

Residential Street Address	City	State	Zip Code
165 Yale St	Hartford	CT	06106-4524

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$100.00

Last Name	First Name	MI
Cruz	Marvin	

Residential Street Address	City	State	Zip Code
600 Sandberg St	Myrtle Beach	SC	29575-8636

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Collazo	Cicily	

Residential Street Address	City	State	Zip Code
80 Essex St	Manchester	CT	06040-4041

Principal Occupation	Name of Employer
Development Assistant	Wadsworth Athenieum

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: $25.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/25/2025	$25.00

Last Name	First Name	MI
Berrill	David	J

Residential Street Address	City	State	Zip Code
176 Trinity Ave	Glastonbury	CT	06033-1338

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/26/2025	$50.00

Last Name	First Name	MI
Knybel	Stephanie	A

Residential Street Address	City	State	Zip Code
185 E Center St Apt 2D	Manchester	CT	06040-5222

Principal Occupation	Name of Employer
Asst Reg of Voters	Town of Manchester

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions
08/27/2025	$110.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Mix	Beth	

Residential Street Address	City	State	Zip Code
390 Gardner St	Manchester	CT	06040-6779

Principal Occupation	Name of Employer
Youth Worker	CHR

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/27/2025	$560.00

Last Name	First Name	MI
Alam	Mohammed	

Residential Street Address	City	State	Zip Code
14 Rock Creek Ln	Torrington	CT	06790-3558

Principal Occupation	Name of Employer
Manager	Tobacco Mart LLC

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/27/2025	$100.00

Last Name	First Name	MI
Bahauddin	Mollah	

Residential Street Address	City	State	Zip Code
536 Birch Mountain Rd	Manchester	CT	06040-6804

Principal Occupation	Name of Employer
Bus operator	CT transit

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/27/2025	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Chowdhury	Shad	

Residential Street Address	City	State	Zip Code
60 Hilltop Dr	Manchester	CT	06042-3442

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/28/2025	$30.00

Last Name	First Name	MI
Castro	Gregory	

Residential Street Address	City	State	Zip Code
53 Gravel St	Meriden	CT	06450-4607

Principal Occupation	Name of Employer
Social worker	State of CT

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

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

Amount of Contribution: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/28/2025	$30.00

Last Name	First Name	MI
Ahmed	Salah	

Residential Street Address	City	State	Zip Code
95 Middle Tpke W Apt A6	Manchester	CT	06040-4050

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
08/29/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Nowshad	Mobarak	

Residential Street Address	City	State	Zip Code
448 Wetherell St	Manchester	CT	06040-6346

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
08/29/2025	$60.00	$60.00

Last Name	First Name	MI
Clare-Kearney	Diane	D

Residential Street Address	City	State	Zip Code
16 Briarwood Dr	Manchester	CT	06040-6924

Principal Occupation	Name of Employer
Administrator	Manchester BOE

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
08/30/2025	$50.00	$50.00

Last Name	First Name	MI
Floyd-Cranford	Pamela	

Residential Street Address	City	State	Zip Code
376 Woodland St	Manchester	CT	06042-2866

Principal Occupation	Name of Employer
Educational Consultant	Self-employed

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
09/04/2025	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Laporte-Grimes	Laurel	

Residential Street Address	City	State	Zip Code
25 Jeffrey Alan Dr	Manchester	CT	06042-1704

Principal Occupation	Name of Employer
Grant evaluator	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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/04/2025	$30.00

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/05/2025	$345.00

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/06/2025	$845.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/06/2025	$845.00

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/06/2025	$845.00

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/06/2025	$845.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/06/2025

Aggregate Contributions: $845.00

Last Name	First Name	MI
Schoenfeld	Michael	

Residential Street Address	City	State	Zip Code
58 Brentwood Dr	Glastonbury	CT	06033-2834

Principal Occupation	Name of Employer
Wholesale	Manchester Tobacco

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: $1,000.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/06/2025

Aggregate Contributions: $2,000.00

Last Name	First Name	MI
Schoenfeld	Michael	

Residential Street Address	City	State	Zip Code
58 Brentwood Dr	Glastonbury	CT	06033-2834

Principal Occupation	Name of Employer
Wholesale	Manchester Tobacco

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: $1,000.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/06/2025

Aggregate Contributions: $2,000.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gryncewicz	Madalena	

Residential Street Address	City	State	Zip Code
42 Richmond Dr	Manchester	CT	06042-2271

Principal Occupation	Name of Employer
Senior Regulatory Affairs Associate	National Marrow Donor Program

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
09/06/2025	$30.00	$30.00

Last Name	First Name	MI
Luxenberg	Geoffrey	R

Residential Street Address	City	State	Zip Code
93 Plymouth Ln	Manchester	CT	06040-4403

Principal Occupation	Name of Employer
Legislator	State of CT

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
09/07/2025	$1,095.00	$250.00

Last Name	First Name	MI
Stevenson	James	R

Residential Street Address	City	State	Zip Code
35 Chatham Dr	Manchester	CT	06042-8522

Principal Occupation	Name of Employer
Registrar of voters	T of Manchester

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
09/07/2025	$525.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Jones	Ryan	

Residential Street Address	City	State	Zip Code
43 Twin Hills Dr	Coventry	CT	06238-1077

Principal Occupation	Name of Employer
Teacher	Manchester Board of Education

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/08/2025	$100.00

Last Name	First Name	MI
Navarra	Gerry	

Residential Street Address	City	State	Zip Code
588 E East Center St E	Manchester	CT	06040

Principal Occupation	Name of Employer
Teacher	Manchester BOE

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/08/2025	$100.00

Last Name	First Name	MI
Schain	Brendan	

Residential Street Address	City	State	Zip Code
61 Blueberry Ln	South Glastonbury	CT	06073-3404

Principal Occupation	Name of Employer
Attorney	State of Connecticut DEEP

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/08/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Bediako	Bright	

Residential Street Address	City	State	Zip Code
183 Green Manor Dr	East Hartford	CT	06118-3523

Principal Occupation	Name of Employer
Drive	DLP

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/08/2025	$60.00

Last Name	First Name	MI
SPINA	Nick	

Residential Street Address	City	State	Zip Code
3449 Poneta Ave	New Smyrna Beach	FL	32168-4557

Principal Occupation	Name of Employer
Owner	AARM Logistics, Inc

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/08/2025	$100.00

Last Name	First Name	MI
Osei-Assibey	Franklin	

Residential Street Address	City	State	Zip Code
360 Bloomfield Ave Ste 301	Windsor	CT	06095-2700

Principal Occupation	Name of Employer
Insurance Agent	Oxygen Insurance Agency LLC

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

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

Amount of Contribution: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/09/2025	$200.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Rusack	Chris	S

Residential Street Address	City	State	Zip Code
322 Briarwood Dr	Manchester	CT	06040-6902

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
09/09/2025	$50.00	$50.00

Last Name	First Name	MI
Lentini	John	

Residential Street Address	City	State	Zip Code
88181 Old Hwy	Islamorada	FL	33036-3068

Principal Occupation	Name of Employer
Consultant	Scientific Fire Analysis, LLC

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
09/09/2025	$540.00	$540.00

Last Name	First Name	MI
Schain	Dennis	

Residential Street Address	City	State	Zip Code
245 Redwood Rd	Manchester	CT	06040-6333

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
09/10/2025	$410.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gonzalez	Maria	

Residential Street Address	City	State	Zip Code
19 Oakwood St	East Hartford	CT	06108-2335

Principal Occupation	Name of Employer
Safe connect Manager	Ccadv

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/10/2025	$250.00	$250.00

Last Name	First Name	MI
Darko	Isaac	

Residential Street Address	City	State	Zip Code
179 E Center St Apt 3D	Manchester	CT	06040-5228

Principal Occupation	Name of Employer
Caregiver	Caregiving By Kathy

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/11/2025	$30.00	$30.00

Last Name	First Name	MI
Sailor	Cynthia	B

Residential Street Address	City	State	Zip Code
11 Schaller Rd	Manchester	CT	06042-2828

Principal Occupation	Name of Employer
Human Resources	STATE OF CT DAS

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/11/2025	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Tarafder	Ashfakul	

Residential Street Address	City	State	Zip Code
17 Skitchewaug St	Windsor	CT	06095-4606

Principal Occupation	Name of Employer
System Engineer	The City of Hartford

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$150.00

Last Name	First Name	MI
Cahill	Laura	A

Residential Street Address	City	State	Zip Code
17 Montauk Way	Glastonbury	CT	06033-3394

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$100.00

Last Name	First Name	MI
Mumit	Abdul	

Residential Street Address	City	State	Zip Code
330 Washington St	Wallingford	CT	06492-2329

Principal Occupation	Name of Employer
Self emplyed	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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$125.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
McCrory	Douglas	

Residential Street Address	City	State	Zip Code
235 Blue Hills Ave	Hartford	CT	06112-1821

Principal Occupation	Name of Employer
Education	CREC

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$100.00

Last Name	First Name	MI
Rahman	Syed	

Residential Street Address	City	State	Zip Code
43 Hopkins Hill Rd	Naugatuck	CT	06770-3479

Principal Occupation	Name of Employer
Business	syed rahman

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$125.00

Last Name	First Name	MI
Sailor	Morris	

Residential Street Address	City	State	Zip Code
11 Schaller Rd	Manchester	CT	06042-2828

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/12/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hall	Joseph	

Residential Street Address	City	State	Zip Code
134 Gerald Dr	Manchester	CT	06040-7056

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/13/2025	$30.00

Last Name	First Name	MI
Gemegah	Gertrude	

Residential Street Address	City	State	Zip Code
27 Sage Dr	Manchester	CT	06042-2241

Principal Occupation	Name of Employer
Aide	Sacred Touch Homecare

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: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/14/2025	$250.00

Last Name	First Name	MI
Biswas	Bidhan	

Residential Street Address	City	State	Zip Code
160 Bedford Ave	New Hyde Park	NY	11040-5217

Principal Occupation	Name of Employer
Manager	HOPE THREE FRIENDS INC

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/14/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Ali	Harun	

Residential Street Address	City	State	Zip Code
167 Ridge Rd	Glastonbury	CT	06033-1900

Principal Occupation	Name of Employer
Franchise	Liberty Tax

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/15/2025	$200.00

Last Name	First Name	MI
Clay-Bey	Valerie	

Residential Street Address	City	State	Zip Code
48 E Wintonbury Ave	Bloomfield	CT	06002-1917

Principal Occupation	Name of Employer
Executive Assistant	Mount Olive Church Ministries

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/15/2025	$30.00

Last Name	First Name	MI
Rubin	Paul	L

Residential Street Address	City	State	Zip Code
172 Kennedy Rd	Manchester	CT	06042-2233

Principal Occupation	Name of Employer
Self employed attorney	Law Offices of Paul L. Rubin

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: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/16/2025	$510.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Pattacini	Mary	

Residential Street Address	City	State	Zip Code
50 Cheney Ln	Manchester	CT	06040-6572

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/16/2025	$100.00

Last Name	First Name	MI
Skudlarek	Karen	

Residential Street Address	City	State	Zip Code
118 N Farms Rd	Coventry	CT	06238-1270

Principal Occupation	Name of Employer
IT Accessibility Coordinator	University of Connecticut

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/16/2025	$100.00

Last Name	First Name	MI
Stepney	Kelly	

Residential Street Address	City	State	Zip Code
507 Summer Arbor Cir	Rosenberg	TX	77469-1840

Principal Occupation	Name of Employer
Driver	Pratt Industries

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/16/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Blank	Rachel	

Residential Street Address	City	State	Zip Code
28 Westerly St	Manchester	CT	06042-3074

Principal Occupation	Name of Employer
Teacher	Womens League CDC

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$30.00

Last Name	First Name	MI
Young	Joseph	

Residential Street Address	City	State	Zip Code
26 Colfax St	Springfield	MA	01104-1823

Principal Occupation	Name of Employer
President	Joe Young Entertainment

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$100.00

Last Name	First Name	MI
Green	Lori	

Residential Street Address	City	State	Zip Code
82 S Stonybrook Dr	Marlborough	CT	06447-1031

Principal Occupation	Name of Employer
Social Worker	DCF

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Caffrey	Karen	

Residential Street Address	City	State	Zip Code
30 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPV

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$185.00

Last Name	First Name	MI
Castillo	Yolanda	

Residential Street Address	City	State	Zip Code
129 Eldridge St Unit B	Manchester	CT	06040-6198

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$30.00

Last Name	First Name	MI
Barry	Ryan	P

Residential Street Address	City	State	Zip Code
56 Stephanies Way	Manchester	CT	06040-4571

Principal Occupation	Name of Employer
Attorney	Barry, Taylor & Levesque, LLC

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

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

Amount of Contribution: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Burke	Richard	

Residential Street Address	City	State	Zip Code
132 Harvest Ln	East Hartford	CT	06118-3526

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: $20.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/18/2025	$20.00

Last Name	First Name	MI
Caffrey	Karen	

Residential Street Address	City	State	Zip Code
30 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPV

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/19/2025	$245.00

Last Name	First Name	MI
Kelley	Dolores	

Residential Street Address	City	State	Zip Code
146 Hamilton Dr	Manchester	CT	06042-2252

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/19/2025	$160.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Morales-Rosario	Rosaida	

Residential Street Address	City	State	Zip Code
25 Clifford Dr	West Hartford	CT	06107-1206

Principal Occupation	Name of Employer
Consultant	Rosario & Associates LLC

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	09/19/2025	$30.00	$30.00

Last Name	First Name	MI
Hoff	Renee	

Residential Street Address	City	State	Zip Code
151 Ridge Rd	Hamden	CT	06517-3500

Principal Occupation	Name of Employer
Manager	State of CT

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/19/2025	$25.00	$25.00

Last Name	First Name	MI
Anderson	Daniel	

Residential Street Address	City	State	Zip Code
201 Kissimmee Dr	Arlington	TX	76002-5464

Principal Occupation	Name of Employer
Owner	3D Limousine and Transportation

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/20/2025	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
DeBatte	Tori	

Residential Street Address	City	State	Zip Code
20 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Senior Manager	CVS Health

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

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

Amount of Contribution: $5.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/20/2025	$45.00

Last Name	First Name	MI
Rahman	MD	M

Residential Street Address	City	State	Zip Code
6 Penny Ln	Manchester	CT	06040-6870

Principal Occupation	Name of Employer
Director	Anushka Inc

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

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

Amount of Contribution: $2,000.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/21/2025	$2,120.00

Last Name	First Name	MI
Newton	John	

Residential Street Address	City	State	Zip Code
5 Columbia Dr	Manchester	CT	06042-8502

Principal Occupation	Name of Employer
EHS Manager	Stanley Black & Decker

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/22/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Marshall	Joella	L

Residential Street Address	City	State	Zip Code
36 Cinnamon Spgs	South Windsor	CT	06074-3640

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/22/2025	$50.00

Last Name	First Name	MI
Currey	Jeff	

Residential Street Address	City	State	Zip Code
50 McKee St	East Hartford	CT	06108-4019

Principal Occupation	Name of Employer
Chief of Staff	State of CT - CT General Assembly

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/22/2025	$60.00

Last Name	First Name	MI
Ahmed	Golam	

Residential Street Address	City	State	Zip Code
7 Aspen Dr	South Glastonbury	CT	06073-2937

Principal Occupation	Name of Employer
Wealth Manager	LPL Financial

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/22/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Flemming-Butler	Janice	

Residential Street Address	City	State	Zip Code
141 Ridgefield St	Hartford	CT	06112-1837

Principal Occupation	Name of Employer
Lovbyist	Strategic Outreach Solutions

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

Amount of Contribution: $100.00

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

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 09/22/2025

Aggregate Contributions: $100.00

Last Name	First Name	MI
Browne	Lucille	

Residential Street Address	City	State	Zip Code
16 Harbour Close	New Haven	CT	06519-2834

Principal Occupation	Name of Employer
retired	retired

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 associated with have a contract with said municipality valued at more than $5000? [ ] Yes [x] No

Amount of Contribution: $50.00

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

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 09/22/2025

Aggregate Contributions: $50.00

Last Name	First Name	MI
Kennen	Estela	

Residential Street Address	City	State	Zip Code
46 Kent Dr	Manchester	CT	06042-2238

Principal Occupation	Name of Employer
Agriculture Service Provider	Self Employed

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 associated with have a contract with said municipality valued at more than $5000? [ ] Yes [x] No

Amount of Contribution: $650.00

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

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

Method of Contribution: [ ] Cash [ ] Personal Check [x] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Date Received: 09/22/2025

Aggregate Contributions: $650.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
LoBiondo	Michael	

Residential Street Address	City	State	Zip Code
10 N Crane Rd	Mountain Lakes	NJ	07046-1524

Principal Occupation	Name of Employer
Corporate Development	Warner Music Group

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
09/22/2025	$250.00	$250.00

Last Name	First Name	MI
Rao	Kerstin	

Residential Street Address	City	State	Zip Code
11 Bauer Pl	Westport	CT	06880-4103

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions	Amount of Contribution
09/22/2025	$30.00	$30.00

Last Name	First Name	MI
McPherson	Casey	

Residential Street Address	City	State	Zip Code
42 Wesleyan Rd	Glastonbury	CT	06033-1371

Principal Occupation	Name of Employer
Professor	Southern Connecticut State University

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	Amount of Contribution
09/22/2025	$30.00	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Namashashi	Julianna	

Residential Street Address	City	State	Zip Code
76 Sycamore Ln Apt D	Manchester	CT	06040-6261

Principal Occupation	Name of Employer
Nurse	Middlesex Health

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	09/22/2025	$50.00	$50.00

Last Name	First Name	MI
Sullivan	Kathryn	

Residential Street Address	City	State	Zip Code
32 Arboredge Way	Fitchburg	WI	53711-7213

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	09/23/2025	$125.00	$125.00

Last Name	First Name	MI
Salter	Theo	

Residential Street Address	City	State	Zip Code
429 N Doheny Dr Apt G	Beverly Hills	CA	90210-3928

Principal Occupation	Name of Employer
Consultant	NomadLit

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

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

Amount of Contribution

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/23/2025	$30.00	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Pillsbury	Lydia	

Residential Street Address	City	State	Zip Code
286 Stevens Ave	Portland	ME	04103-2628

Principal Occupation	Name of Employer
social worker	Health Affiliates Maine

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/23/2025	$100.00

Last Name	First Name	MI
Harris	James	

Residential Street Address	City	State	Zip Code
509 N Mangum St Apt 108	Durham	NC	27701-4923

Principal Occupation	Name of Employer
Doctor	Duke University

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/23/2025	$125.00

Last Name	First Name	MI
Beverly	Michelle	

Residential Street Address	City	State	Zip Code
21 Temple St Apt 306	Hartford	CT	06103-1311

Principal Occupation	Name of Employer
FNP	Charter Oak

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/23/2025	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Laporte-Grimes	Laurel	

Residential Street Address	City	State	Zip Code
25 Jeffrey Alan Dr	Manchester	CT	06042-1704

Principal Occupation	Name of Employer
Grant evaluator	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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/23/2025	$60.00

Last Name	First Name	MI
Harris	Linda	

Residential Street Address	City	State	Zip Code
60 Brookfield St	Manchester	CT	06040-4213

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$100.00

Last Name	First Name	MI
Cranford	K'Ronn	

Residential Street Address	City	State	Zip Code
376 Woodland St	Manchester	CT	06042-2866

Principal Occupation	Name of Employer
unemployed	unemployed

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Beckford	Jeri	

Residential Street Address	City	State	Zip Code
13 Thayer Rd	Manchester	CT	06040-6651

Principal Occupation	Name of Employer
Equal Employment Opportunity Officer	State of CT

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

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

Amount of Contribution: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$400.00

Last Name	First Name	MI
Beckford	Jeri	

Residential Street Address	City	State	Zip Code
13 Thayer Rd	Manchester	CT	06040-6651

Principal Occupation	Name of Employer
Equal Employment Opportunity Officer	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$400.00

Last Name	First Name	MI
Beckford	Jeri	

Residential Street Address	City	State	Zip Code
13 Thayer Rd	Manchester	CT	06040-6651

Principal Occupation	Name of Employer
Equal Employment Opportunity Officer	State of CT

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$400.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Luna	Daniela	

Residential Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040-6374

Principal Occupation	Name of Employer
Legislative Aide	State of CT

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

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

Amount of Contribution: $20.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$70.00

Last Name	First Name	MI
Cranford	Kevin	

Residential Street Address	City	State	Zip Code
205 Porter St	Manchester	CT	06040-5423

Principal Occupation	Name of Employer
Communications Officer	MAPS

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions
09/24/2025	$50.00

Last Name	First Name	MI
Hodges	Aisha	

Residential Street Address	City	State	Zip Code
7412 Lake Forest Ct	Montgomery	AL	36117-3935

Principal Occupation	Name of Employer
Teacher	ACBOE

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: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/24/2025	$60.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
McGeary	Richard	

Residential Street Address	City	State	Zip Code
10 Strathmore Ln	Avon	CT	06001-4535

Principal Occupation	Name of Employer
Entrepreneur	PlayPoint Holdings LLC

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

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

Amount of Contribution: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/24/2025

Aggregate Contributions: $125.00

Last Name	First Name	MI
Martin-Barksdale	Patricia	

Residential Street Address	City	State	Zip Code
84 Oakdene Ave	Teaneck	NJ	07666-4114

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/25/2025

Aggregate Contributions: $100.00

Last Name	First Name	MI
Sullivan	Jenni	

Residential Street Address	City	State	Zip Code
N66W25574 Beaver Creek Ln	Sussex	WI	53089-1323

Principal Occupation	Name of Employer
CSM	Salesforce

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received: 09/25/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kojo	Ed	

Residential Street Address	City	State	Zip Code
34 Montclair Dr	Manchester	CT	06042-2213

Principal Occupation	Name of Employer
student	student

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/25/2025	$60.00

Last Name	First Name	MI
Flemming-Butler	Janice	

Residential Street Address	City	State	Zip Code
141 Ridgefield St	Hartford	CT	06112-1837

Principal Occupation	Name of Employer
Lovbyist	Strategic Outreach Solutions

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/25/2025	$200.00

Last Name	First Name	MI
Blair	Russell	

Residential Street Address	City	State	Zip Code
6 Donahue Ln	Manchester	CT	06042-1700

Principal Occupation	Name of Employer
Director of Education and Communications	State of CT

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Krippenstapel	M. Louise	

Residential Street Address	City	State	Zip Code
19 Butler Rd	Manchester	CT	06042-2810

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: $50.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09262025a

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
09/26/2025	$50.00

Last Name	First Name	MI
Falcon	Maritza	

Residential Street Address	City	State	Zip Code
5 Columbia Dr	Manchester	CT	06042-8502

Principal Occupation	Name of Employer
Employment Specialists	CT Building Trades Training Inst

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: $100.00

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
09/26/2025	$100.00

Last Name	First Name	MI
Coleman	Neverill	

Residential Street Address	City	State	Zip Code
343 Meadowbrook Dr	Manchester	CT	06042-8532

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: $125.00

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
09/26/2025	$125.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Schain	Dennis	

Residential Street Address	City	State	Zip Code
245 Redwood Rd	Manchester	CT	06040-6333

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $610.00

Last Name	First Name	MI
Schain	Dennis	

Residential Street Address	City	State	Zip Code
245 Redwood Rd	Manchester	CT	06040-6333

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $610.00

Last Name	First Name	MI
Schain	Dennis	

Residential Street Address	City	State	Zip Code
245 Redwood Rd	Manchester	CT	06040-6333

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $610.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository): Manchester Democratic Town Committee

TYPE OF REPORT: October 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Schain	Dennis	

Residential Street Address	City	State	Zip Code
245 Redwood Rd	Manchester	CT	06040-6333

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: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$610.00

Last Name	First Name	MI
Black-Burke	Nuchette	

Residential Street Address	City	State	Zip Code
41 Pierce Blvd	Windsor	CT	06095-1791

Principal Occupation	Name of Employer
Coordinator	CREC

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received	Aggregate Contributions
09/26/2025	$50.00

Last Name	First Name	MI
Stevenson	James	R

Residential Street Address	City	State	Zip Code
35 Chatham Dr	Manchester	CT	06042-8522

Principal Occupation	Name of Employer
Registrar of voters	T of Manchester

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: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$1,050.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Rubin	Paul	L

Residential Street Address	City	State	Zip Code
172 Kennedy Rd	Manchester	CT	06042-2233

Principal Occupation	Name of Employer
Self employed attorney	Law Offices of Paul L. Rubin

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

Date Received	Aggregate Contributions	Amount of Contribution
09/26/2025	$760.00	$250.00

Last Name	First Name	MI
Stevenson	James	R

Residential Street Address	City	State	Zip Code
35 Chatham Dr	Manchester	CT	06042-8522

Principal Occupation	Name of Employer
Registrar of voters	T of Manchester

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 # 09262025a

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	Amount of Contribution
09/26/2025	$1,050.00	$400.00

Last Name	First Name	MI
Knybel	Stephanie	A

Residential Street Address	City	State	Zip Code
185 E Center St Apt 2D	Manchester	CT	06040-5222

Principal Occupation	Name of Employer
Asst Reg of Voters	Town of Manchester

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

Date Received	Aggregate Contributions	Amount of Contribution
09/26/2025	$170.00	$60.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
O'Neill	Lisa	P

Residential Street Address	City	State	Zip Code
109 Autumn St	Manchester	CT	06040-5518

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$100.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$2,070.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/26/2025	$2,070.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $250.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Farina	Michael	G

Residential Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Principal Occupation	Name of Employer
Professor	Yale University

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $2,070.00

Last Name	First Name	MI
Jensen	Shawn	

Residential Street Address	City	State	Zip Code
80 Essex St	Manchester	CT	06040-4041

Principal Occupation	Name of Employer
Judicial Marshall	State of CT

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/26/2025

Aggregate Contributions: $50.00

Last Name	First Name	MI
Clare-Kearney	Dr. Diane	

Residential Street Address	City	State	Zip Code
16 Briarwood Dr	Manchester	CT	06040-6924

Principal Occupation	Name of Employer
Administrator	Manchester Board of Education

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/27/2025

Aggregate Contributions: $50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Robinson	Thomas	

Residential Street Address	City	State	Zip Code
124 Kent Dr	Manchester	CT	06042-2257

Principal Occupation	Name of Employer
Attorney	Fmpr

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/27/2025	$380.00

Last Name	First Name	MI
Robinson	Thomas	

Residential Street Address	City	State	Zip Code
124 Kent Dr	Manchester	CT	06042-2257

Principal Occupation	Name of Employer
Attorney	Fmpr

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/27/2025	$380.00

Last Name	First Name	MI
Robinson	Thomas	

Residential Street Address	City	State	Zip Code
124 Kent Dr	Manchester	CT	06042-2257

Principal Occupation	Name of Employer
Attorney	Fmpr

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/27/2025	$380.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Robinson	Thomas	

Residential Street Address	City	State	Zip Code
124 Kent Dr	Manchester	CT	06042-2257

Principal Occupation	Name of Employer
Attorney	Fmpr

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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/27/2025

Aggregate Contributions: $380.00

Last Name	First Name	MI
Dickerson	Sandra	

Residential Street Address	City	State	Zip Code
40 McDivitt Dr	Manchester	CT	06042-2240

Principal Occupation	Name of Employer
Administrator	Cooney scully and dowling

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: $200.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/27/2025

Aggregate Contributions: $310.00

Last Name	First Name	MI
Doucette	Heather	

Residential Street Address	City	State	Zip Code
85 Stephanies Way	Manchester	CT	06040-4570

Principal Occupation	Name of Employer
Program Manager	State of Connecticut

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/28/2025

Aggregate Contributions: $360.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Doucette	Heather	

Residential Street Address	City	State	Zip Code
85 Stephanies Way	Manchester	CT	06040-4570

Principal Occupation	Name of Employer
Program Manager	State of Connecticut

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/28/2025	$360.00

Last Name	First Name	MI
Doucette	Heather	

Residential Street Address	City	State	Zip Code
85 Stephanies Way	Manchester	CT	06040-4570

Principal Occupation	Name of Employer
Program Manager	State of Connecticut

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/28/2025	$360.00

Last Name	First Name	MI
Doucette	Heather	

Residential Street Address	City	State	Zip Code
85 Stephanies Way	Manchester	CT	06040-4570

Principal Occupation	Name of Employer
Program Manager	State of Connecticut

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

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

Amount of Contribution: $60.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/28/2025	$360.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Chisholm	Dejavon	

Residential Street Address	City	State	Zip Code
38 Union St	Manchester	CT	06042-1902

Principal Occupation	Name of Employer
PA	Wholelife

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: $80.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/28/2025	$80.00

Last Name	First Name	MI
Husson	Satinder	S

Residential Street Address	City	State	Zip Code
987 Strawberry Creek St	Chula Vista	CA	91913-2831

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: $2,000.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/28/2025	$2,000.00

Last Name	First Name	MI
Zarchen	Janet	

Residential Street Address	City	State	Zip Code
12 Pondside Ln	West Simsbury	CT	06092-2422

Principal Occupation	Name of Employer
Educational consultant	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: $30.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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	09/29/2025	$30.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Lamb	Alex	

Residential Street Address	City	State	Zip Code
50 Scarborough Rd	Manchester	CT	06040-5431

Principal Occupation	Name of Employer
Assistant Research Professor	University of Connecticut

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

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

Amount of Contribution: $125.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/29/2025	$125.00

Last Name	First Name	MI
Marshall	Antwan	

Residential Street Address	City	State	Zip Code
20 Gaines Dr	Hartford	CT	06120-1157

Principal Occupation	Name of Employer
Assembly Technician Lead Engineer	PCX Aerostructures

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: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/29/2025	$100.00

Last Name	First Name	MI
Whelton	Isabelle	

Residential Street Address	City	State	Zip Code
147 Walek Farms Rd	Manchester	CT	06040-7091

Principal Occupation	Name of Employer
homemaker	homemaker

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

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

Amount of Contribution: $50.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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
09/29/2025	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hackett	Margaret	H

Residential Street Address	City	State	Zip Code
144 Haystack Rd	Manchester	CT	06040-6772

Principal Occupation	Name of Employer
Statewide Director	State of Connecticut

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

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

Amount of Contribution: $100.00

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

Is contributor a principal of state contractor or prospective state contractor? ☐ 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: 09/29/2025

Aggregate Contributions: $235.00

Last Name	First Name	MI
Caffrey	Karen	

Residential Street Address	City	State	Zip Code
30 Jenny Clfs	Manchester	CT	06040-6825

Principal Occupation	Name of Employer
Psychotherapist	Karen Caffrey LPV

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? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

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

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

Date Received: 09/30/2025

Aggregate Contributions: $295.00

Total of Section B	**$30,525.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$30,525.00**

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
East of the River PAC	Jerald M Lentini

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
85 Stephanies Way	☐ Yes ☒ No		$1,500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Manchester	CT	06040	08/25/2025	$1,500.00

Name of Committee	Name of Treasurer
CT Latinas in Politics	

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
134 Forster St	☐ Yes ☒ No		$1,500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06106-4219	08/25/2025	$1,500.00

Name of Committee	Name of Treasurer
GLux PAC	Maliha Ahsan

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
93 Plymouth Ln	☐ Yes ☒ No		$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Manchester	CT	06040	09/06/2025	$500.00

Name of Committee	Name of Treasurer
GLux PAC	Maliha Ahsan

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
93 Plymouth Ln	☐ Yes ☒ No		$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Manchester	CT	06040	09/06/2025	$500.00

Name of Committee	Name of Treasurer
Heat and Frost Insulators	Donald Scoopo

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
616 S Colony Rd	☐ Yes ☒ No		$250.00

City	State	Zip Code	Date Received	Aggregate Contributions
Wallingford	CT	06492-5154	09/10/2025	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
BAC Local 1 Connecticut G	Gerald Marotti

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
17 N Plains Industrial Rd	☐ Yes ☒ No		$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Wallingford	CT	06492-5841	09/15/2025	$500.00

Name of Committee	Name of Treasurer
Connecticut Laborer's Pol	Keith Brothers

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
475 Ledyard St	☐ Yes ☒ No		$1,500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hartford	CT	06114-3211	09/15/2025	$1,500.00

Name of Committee	Name of Treasurer
UA Plumbers & Pipefitters	

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
1250 E Main St	☐ Yes ☒ No		$750.00

City	State	Zip Code	Date Received	Aggregate Contributions
Meriden	CT	06450-4806	09/15/2025	$750.00

Name of Committee	Name of Treasurer
IUOE Local 478 PAC	

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
1955 Dixwell Ave	☐ Yes ☒ No		$500.00

City	State	Zip Code	Date Received	Aggregate Contributions
Hamden	CT	06514-2407	09/18/2025	$500.00

Name of Committee	Name of Treasurer
GLux PAC	Maliha Ahsan

Address	Is this contribution associated with an event reported in Section L1?	If yes, list Event #	Amount of Contribution
93 Plymouth Ln	☒ Yes ☐ No	09262025a	$250.00

City	State	Zip Code	Date Received	Aggregate Contributions
Manchester	CT	06040	09/26/2025	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Connecticut State Council	Anthony Tarascio

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
PO Box 332	☐ Yes ☒ No If yes, list Event #	

City	State	Zip Code	Date Received	Aggregate Contributions	
Windsor Locks	CT	06096-0332	09/26/2025	$1,500.00	$1,500.00

Total of Section C1	**$9,250.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Manchester 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

Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Manchester 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	
			Total of Section E	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

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

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

Date of Receipt	Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

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

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

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

Total of Section H

I. Monetary Receipts (Section A-K)

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

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

Total of Section J

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
		Total of Section K		

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
09/26/2025	a	Home Fundraiser	[x] Yes [ ] No

Location: Street Address	City	State	Zip Code
40 Forest St	Manchester	CT	06040-5906

Subpart 1: (All Committees) Was this event hosted at a personal residence?	[ ] Yes [x] 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 [x] 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 [x] 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 [x] 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 [x] 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
Manchester 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: **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
Manchester 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	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

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

Total of Section L5

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Type of Contributor: Committee / Individual / Sole Proprietorship / Other	Date Received	Aggregate contributions	Description of In-Kind Contribution
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? Yes / No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? Yes / No 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		

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Stephanie Johnson	07/01/2025	[X] Check # 3411 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 North Rd	Groton	CT	06340-3222

Purpose of Expenditure (by code)	Description	Event #
Misc *	Web maint INV: 77430 Web site maint	

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	$300.00

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	07/01/2025	[X] Check # 3410 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Purpose of Expenditure (by code)	Description	Event #
A-ATM	INV: 8142 Texting	

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	$64.68

Name of Payee	Date of Payment	Method of Payment
Google	07/02/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043-1351

Purpose of Expenditure (by code)	Description	Event #
OVHD	G Suite	

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	$22.97

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ZOOM Us	07/07/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd Fl 6	San Jose	CA	95113-1608

Purpose of Expenditure (by code)	Description	Event #
OVHD	teleconference	

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	$61.44

Name of Payee	Date of Payment	Method of Payment
Stephanie Johnson	07/21/2025	[x] Check # 3413 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
71 North Rd	Groton	CT	06340-3222

Purpose of Expenditure (by code)	Description	Event #
Misc *	Web maint INV: 77430 Web site maint part 2	

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	$345.00

Name of Payee	Date of Payment	Method of Payment
CT Democratic State Central CMTE	07/21/2025	[x] Check # 3414 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
30 Arbor St Ste 404	Hartford	CT	06106-1209

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

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	$500.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Google	08/04/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043-1351

Purpose of Expenditure (by code)	Description	Event #
OVHD	G Suite	

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	$26.75

Name of Payee	Date of Payment	Method of Payment
NGP VAN Inc.	08/04/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1101 15th St NW Ste 500	Washington	DC	20005-5006

Purpose of Expenditure (by code)	Description	Event #
OVHD	database	

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	$795.38

Name of Payee	Date of Payment	Method of Payment
ZOOM Us	08/05/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd Fl 6	San Jose	CA	95113-1608

Purpose of Expenditure (by code)	Description	Event #
OVHD	teleconference	

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	$61.44

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Walmart	08/19/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
420 Buckland Hills Dr	Manchester	CT	06042-8755

Purpose of Expenditure (by code)	Description	Event #
OFFICE	GOTV Phone and plan	

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	$64.37

Name of Payee	Date of Payment	Method of Payment
Manchester Sports Hall of Fame	08/21/2025	[X] Check # 3416 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
35 Foley St	Manchester	CT	06040-4807

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

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	$200.00

Name of Payee	Date of Payment	Method of Payment
MIchael E Pohl	08/21/2025	[X] Check # 3415 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
66 Crestwood Dr	Manchester	CT	06040-3802

Purpose of Expenditure (by code)	Description	Event #
CNSLT	walk shirts and ID	

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	$726.37

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Campaign Verify	08/25/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1215 31st St NW	Washington	DC	20007-3423

Purpose of Expenditure (by code)	Description	Event #
Misc *	GOTV calls verification	

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	$95.00

Name of Payee	Date of Payment	Method of Payment
ANEDOT	08/25/2025	[ ] Check # [ ] Debit Card [x] EFT

Street Address	City	State	Zip Code
PO Box 84314	Baton Rouge	LA	70884-4314

Purpose of Expenditure (by code)	Description	Event #
CCP	Card Processing	

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	$375.70

Name of Payee	Date of Payment	Method of Payment
Google	09/02/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1600 Amphitheatre Pkwy	Mountain View	CA	94043-1351

Purpose of Expenditure (by code)	Description	Event #
OVHD	G Suite	

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	$28.08

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Peerly	09/05/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
2232 Dell Range Blvd	Cheyenne	WY	82009-4941

Purpose of Expenditure (by code)	Description	Event #
A-OTH	GOTV cost - texting	

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	$359.82

Name of Payee	Date of Payment	Method of Payment
ZOOM Us	09/05/2025	[ ] Check # [x] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd Fl 6	San Jose	CA	95113-1608

Purpose of Expenditure (by code)	Description	Event #
OVHD	teleconference	

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	$61.44

Name of Payee	Date of Payment	Method of Payment
Michael G Farina	09/06/2025	[x] Check # 3417 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Purpose of Expenditure (by code)	Description	Event #
RMB	reimb - gotv signs	

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	$2,541.63

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Marketing Solutions Inc.	09/06/2025	[X] Check # 3423 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
109 Talcott Rd	West Hartford	CT	06110-1228

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

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$2,667.90
	[ ] 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
MIchael E Pohl	09/06/2025	[X] Check # 3420 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
66 Crestwood Dr	Manchester	CT	06040-3802

Purpose of Expenditure (by code)	Description	Event #
RMB	reimb mics gotv supplies	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$569.56
	[ ] 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
Gorman Insurance	09/06/2025	[X] Check # 3421 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 838	Manchester	CT	06045-0838

Purpose of Expenditure (by code)	Description	Event #
OVHD	insurance	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	$1,125.00
	[ ] 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
Manchester Democratic Town Committee	October 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael G Farina	09/06/2025	[X] Check # 3419 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Purpose of Expenditure (by code)	Description	Event #
RMB	sign stickers	

Expenditure # (if applicable):

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

[X] None of the below

[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent

[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: $137.19

Name of Payee	Date of Payment	Method of Payment
POSTMASTER	09/16/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
111 Sheldon Rd	Manchester	CT	06042-9994

Purpose of Expenditure (by code)	Description	Event #
POST	postage	

Expenditure # (if applicable):

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

[X] None of the below

[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent

[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: $2,135.00

Name of Payee	Date of Payment	Method of Payment
Kask and Company CPAs LLC	09/20/2025	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
12 National Dr	Glastonbury	CT	06033-1212

Purpose of Expenditure (by code)	Description	Event #
CNSLT	2024 1099 forms	

Expenditure # (if applicable):

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

[X] None of the below

[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent

[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: $213.48

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Michael G Farina	09/21/2025	[X] Check # 3424 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Purpose of Expenditure (by code)	Description	Event #
RMB	sign stickers	

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	$155.27

Name of Payee	Date of Payment	Method of Payment
Blue Edge Strategies	09/21/2025	[X] Check # 3435 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
54 Robert Rd	Manchester	CT	06040-4520

Purpose of Expenditure (by code)	Description	Event #
RMB	texting	

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	$662.72

Name of Payee	Date of Payment	Method of Payment
MIchael E Pohl	09/26/2025	[X] Check # 3428 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
66 Crestwood Dr	Manchester	CT	06040-3802

Purpose of Expenditure (by code)	Description	Event #
RMB	labels - staples	

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	$181.61

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Moving Norwich Forward	09/26/2025	[X] Check # 3426 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
297 Scotland Rd	Norwich	CT	06360-1657

Purpose of Expenditure (by code)	Description	Event #
CNTRB		

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	$3,000.00

Name of Payee	Date of Payment	Method of Payment
Michael A Stebe	09/26/2025	[X] Check # 3427 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
85 Hollister St	Manchester	CT	06042-3561

Purpose of Expenditure (by code)	Description	Event #
RMB	postage	

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	$3,965.00

Total of Section P	**$21,442.80**

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**

Total of Section Q	

IV. EXPENDITURES

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

Total of Section R	

IV. EXPENDITURES

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

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure# (if applicable)	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*			Amount Incurred (Estimate or Actual)
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution	Organization : A B C D		
		Total of Section S		

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Pohl	MIchael	E	08/21/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Wraith Engraving and Awards

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 3415 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
538 Talcottville Rd	Vernon	CT	06066-2310

Purpose of Expenditure (by code)	Description	Event #
Misc *	WALK ID	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $85.08

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Pohl	MIchael	E	08/21/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Rainbow Graphics

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 3415 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
118 Adams St	Manchester	CT	06042-1915

Purpose of Expenditure (by code)	Description	Event #
Misc *	Walk shirts	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $641.29

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Farina	Michael	G	09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Awesome Campaigns

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3417 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1220 Saint Charles St	Elgin	IL	60120-8445

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	lawn signs	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $2,451.63

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Pohl	MIchael	E	09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Rainbow Graphics

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3420 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
118 Adams St	Manchester	CT	06042-1915

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

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $370.10

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Pohl	MIchael	E	09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Rainbow Graphics

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3420 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
118 Adams St	Manchester	CT	06042-1915

Purpose of Expenditure (by code)	Description	Event #
A-OTH	GOTV walk stickers	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $123.46

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Farina	Michael	G	09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Sticker Mule

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3419 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
336 Forest Ave	Amsterdam	NY	12010-2723

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	sign stickers	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $137.19

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Pohl	MIchael	E	09/06/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: POSTMASTER

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3420 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
111 Sheldon Rd	Manchester	CT	06042-9994

Purpose of Expenditure (by code)	Description	Event #
POST	stamps	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $76.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Farina	Michael	G	09/21/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Sticker Mule

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3424 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
336 Forest Ave	Amsterdam	NY	12010-2723

Purpose of Expenditure (by code)	Description	Event #
PRNT	sign stickers	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $155.27

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Strategies	Blue	Edge	09/21/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: PROMPT.io

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3425 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
14419 Greenwood Ave N Ste PM A	Seattle	WA	98133-6865

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

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $662.72

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Stebe	Michael	A	09/26/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: POSTMASTER

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [x] Check # 3427 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
111 Sheldon Rd	Manchester	CT	06042-9994

Purpose of Expenditure (by code)	Description	Event #
POST	postage	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $3,965.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Manchester 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
Pohl	MIchael	E	09/26/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Staples	[x] Check # 3428 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
35 Talcottville Rd Ste 10	Vernon	CT	06066-5261

Purpose of Expenditure (by code)	Description	Event #
PRNT	labels	

Expenditure #	Type of Expenditure (Itemization in Addendem T 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	$181.61

Total of Section T	**$8,849.35**

Section L5. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? Yes No	Aggregating Committees

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee