# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

Do Not Mark in This Space For Official Use Only



## COVER PAGE

1. NAME OF COMMITTEE

**Coventry Democratic Town Committee**

2. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **Richard** | **F** | **Martin** | |

3. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **195 Northfield Rd** | **Coventry** | **CT** | **06238** |

| 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 - Amendment**

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** | **Richard Martin** | **10/12/2025 9:33:54AM** |
|---|---|---|
| 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 | |
|---|---|---|
| **Coventry Democratic Town Committee** | **October 10 Filing - Amendment** | |
| | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees | | **$3,255.40** |
| 12. Balance on hand at the beginning of Reporting Period | **$3,479.51** | |
| 13. Contributions received from Individuals (Section A and B) | **$8,890.00** | **$13,130.00** |
| 14. Receipts from Other Committees (Sections C1 and C2) | **$2,500.00** | **$3,500.00** |
| 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** | **$199.00** |
| 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** | **$0.00** |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | **$11,390.00** | **$16,829.00** |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | **$14,869.51** | **$20,084.40** |
| 19. Expenses Paid by Committee (Section P) | **$6,334.76** | **$11,549.65** |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | **$8,534.75** | **$8,534.75** |
| 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) | **$525.75** | |

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

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

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

### B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Martin | Richard | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 195 Northfield Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 07/08/2025 | $180.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Kortmann | Mary | S |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 430 Talcott Hill Rd . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| limnologist | 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

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 |
|---|---|---|
| 07/11/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Grady | Dorothy | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Cornwall Dr . | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? If yes, list Event # 07152025A ☒ 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 |
|---|---|---|
| 07/15/2025 | $100.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Levesque | Susan | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 745 Merror Rd Unit 122 | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| | Retired |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07152025A

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 |
|---|---|---|
| 07/15/2025 | $75.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Lewis | Joan | A |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 745 Merrow Rd Unit 108 | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07152025A

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 |
|---|---|---|
| 07/15/2025 | $180.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Pietrantonio | Hannah | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 745 Merrow Rd # 191 | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 07152025A

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 |
|---|---|---|
| 07/15/2025 | $230.00 | $150.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Doak-Mathewson | Jennifer | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 234 Old Eagleville Rd | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Digital Strategy | RKD |

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

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

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 |
|---|---|---|
| 07/18/2025 | $25.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Thomas | Lisa | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 255 Geraldine Dr . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | 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

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 |
|---|---|---|
| 07/18/2025 | $150.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Goode | Tomasyn | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 40 Bissell Rd | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Instructional Designer | National Co+op Grocers |

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

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

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 |
|---|---|---|
| 07/18/2025 | $100.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Wood Reviczky | Jill | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 07/18/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Vinkels | Valdis | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 3160 South St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Atty | 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

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 |
|---|---|---|
| 07/22/2025 | $150.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Whitham | Kelsey | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 20 Beaver Rd | Ware | MA | 01082 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | City of Springfield |

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

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

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 | $25.00 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Libon | Daniel | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 935 Hammond St | Brookline | MA | 02467 |

| Principal Occupation | Name of Employer |
|---|---|
| Communications Official | Catholic Memorial |

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

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

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 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Marcus | Brad | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 141 Ohman Ave | Orange | CT | 06477 |

| Principal Occupation | Name of Employer |
|---|---|
| Digital Marketing | Marcus Interactive |

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

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

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 | $25.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Simon | Sandye | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 425 Geraldine Dr | Coventry | CT | 06238 |

| 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

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 | $100.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Zenko | William | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Maryanne Dr | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 07/29/2025 | $800.00 | $500.00 |

| Last Name | First Name | MI |
|---|---|---|
| Beausoleil | Jennifer | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1040 Cedar Swamp Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 07/30/2025 | $205.00 | $150.00 |

| Last Name | First Name | MI |
|---|---|---|
| Bauer | Elizabeth | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 856 Dunn Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 07/30/2025 | $100.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Brillon | K | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1730 South St . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Windham Public Schools |

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

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

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 |
|---|---|---|
| 07/30/2025 | $50.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Arabolos | Carolyn | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 132 N Farms Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/04/2025 | $260.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Martin | Richard | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 195 Northfield Rd | Coventry | CT | 06238 |

| 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

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 | $280.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Pope | Jennifer | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 37 Woodstock Rd | Hamden | CT | 06517-2314 |

| Principal Occupation | Name of Employer |
|---|---|
| Clinical trials manager | 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

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 | $25.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Gallo-Hall | Marie | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 40 Old Tolland Tnpk | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | 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

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 | $260.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Merolla-Martin | JoAnn | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2 Westledge Dr # C107 | Norwich | CT | 06360 |

| Principal Occupation | Name of Employer |
|---|---|
| Registrar of Voters | City of Norwich |

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

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

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 | $25.00 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Bress | Lisa | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 173 Alcott Dr | Windsor | CT | 06095 |

| 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

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 | $25.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Stave | Sondra | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 150 Grant Hill Rd | Coventry | CT | 06238 |

| 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

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 | $555.00 | $500.00 |

| Last Name | First Name | MI |
|---|---|---|
| Twerdy | Claire | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 605 Pucker St | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/12/2025 | $300.00 | $200.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Marchand | Gene | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 46 John Paul Ln | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/14/2025 | $150.00 | $150.00 |

| Last Name | First Name | MI |
|---|---|---|
| Reviczky | Jill | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| owner | GW Assoc Mgmt 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

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 |
|---|---|---|
| 08/19/2025 | $685.00 | $500.00 |

| Last Name | First Name | MI |
|---|---|---|
| Woolf | Elizabeth | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 10 Flanders Woods Ln | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/19/2025 | $200.00 | $200.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Libon | Julie | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 57 Eddy Rd . | Barkhamsted | CT | 06063 |

| 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

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 |
|---|---|---|
| 08/20/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Edmondson | Bonnie | J |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Vernon Branch Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/20/2025 | $425.00 | $400.00 |

| Last Name | First Name | MI |
|---|---|---|
| Kyer | Matthew | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 Wall St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Coventry 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

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 |
|---|---|---|
| 08/21/2025 | $265.00 | $150.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Chvirko | Mary | S |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 23 John Hand Dr , | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/25/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Riordan | Barbara | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 855 Merrow Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/25/2025 | $360.00 | $250.00 |

| Last Name | First Name | MI |
|---|---|---|
| Arabolos | Carolyn | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 132 N Farms Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/28/2025 | $760.00 | $500.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Edmondson | Peter | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2627 Boston Tnpk | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| garden center | Edmondsons Farm (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

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 |
|---|---|---|
| 08/28/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Wagstrom | Patrick | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 Edgewater Dr | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Data Scientist | Thomson Reuters |

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

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

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 |
|---|---|---|
| 08/28/2025 | $1,000.00 | $1,000.00 |

| Last Name | First Name | MI |
|---|---|---|
| Sumner | David | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 684 Cedar Swamp Rd | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 08/28/2025 | $210.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Kortmann | Mary | S |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 430 Talcott Hill Rd . | Coventry | CT | 06238 |

| 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

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

Amount of Contribution: $100.00

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

| Date Received | Aggregate Contributions |
|---|---|
| 09/04/2025 | $200.00 |

| Last Name | First Name | MI |
|---|---|---|
| Martin | Richard | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 195 Northfield Rd | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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

Amount of Contribution: $50.00

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

| Date Received | Aggregate Contributions |
|---|---|
| 09/04/2025 | $430.00 |

| Last Name | First Name | MI |
|---|---|---|
| Martin | Richard | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 195 Northfield Rd | Coventry | CT | 06238 |

| 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

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

Amount of Contribution: $100.00

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

| Date Received | Aggregate Contributions |
|---|---|
| 09/04/2025 | $430.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Libon | Julie | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 57 Eddy Rd . | Barkhamsted | CT | 06063 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/11/2025 | $150.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Reviczky | Jill | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| owner | GW Assoc Mgmt 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/11/2025 | $735.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Kyer | Matthew | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 4 Wall St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Coventry 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/12/2025 | $315.00 | $50.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Burke | Anne | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1140 Main St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| | Retired |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/12/2025 | $50.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Danehy | Robert | M |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2646 Boston Tpke | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| real estate appraisal | Robert M Danehy |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/12/2025 | $50.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Gallo-Hall | Marie | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 40 Old Tolland Tnpk | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Attorney | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/12/2025 | $310.00 | $50.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Twerdy | Claire | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 605 Pucker St | Coventry | CT | 06238 |

| 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

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 |
|---|---|---|
| 09/15/2025 | $375.00 | $75.00 |

| Last Name | First Name | MI |
|---|---|---|
| Boshuyzen | Megan | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 41 Margaret Dr | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Email Developer | Inbox Army |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/16/2025 | $50.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Sanderson | Paul | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 200 Geraldine Dr | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/18/2025 | $50.00 | $50.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Edmondson | Bonnie | J |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Vernon Branch Rd | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Trinity College | Coach |

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

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality 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 # 09282025A

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 | $475.00 |

| Last Name | First Name | MI |
|---|---|---|
| Krider | Kathleen | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 104 Nathan Hale Rd . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Non Profit | Access |

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

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality 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 |
|---|---|
| 09/18/2025 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Maines | Nicholas | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 200 K St NE . | Washington | DC | 20022 |

| Principal Occupation | Name of Employer |
|---|---|
| Campaign Manager | Sam Polan for Congress |

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

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality 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? ☐ 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 |
|---|---|
| 09/22/2025 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Shor | Mike | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 High St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $50.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Beausoleil | Jennifer | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1040 Cedar Swamp Rd | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/24/2025 | $240.00 | $35.00 |

| Last Name | First Name | MI |
|---|---|---|
| Small | Lori | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 140 Hampton Rd . | Sharon | MA | 02067 |

| 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

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 |
|---|---|---|
| 09/24/2025 | $50.00 | $50.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Semprebon | Marysa | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1084 Boston Tpke | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | Mansfield 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: $25.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Riordan | Barbara | E |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 855 Merrow Rd | Coventry | CT | 06238 |

| 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? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $385.00 |

| Last Name | First Name | MI |
|---|---|---|
| Arabolos | Carolyn | G |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 132 N Farms Rd | Coventry | CT | 06238 |

| 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 # 09282025A

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 | $810.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Burke | Anne | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 1140 Main St | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $150.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Lewis | Joan | A |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 745 Merrow Rd Unit 108 | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $230.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Resha | Cheryl | A |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Vernon Branch Rd | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $125.00 | $100.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Zenko | William | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 18 Maryanne Dr | Coventry | CT | 06238 |

| 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? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $900.00 |

| Last Name | First Name | MI |
|---|---|---|
| Marchand | Gene | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 46 John Paul Ln | Coventry | CT | 06238 |

| 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: $75.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $225.00 |

| Last Name | First Name | MI |
|---|---|---|
| Anderson | Brian | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 25 Ridge Rd | Mansfield | CT | 06268 |

| Principal Occupation | Name of Employer |
|---|---|
| Union Organizer | AFSCME Council 4 |

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

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality 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? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Dauphin | William | M |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 11 Olive Ln | Vernon | CT | 06066 |

| Principal Occupation | Name of Employer |
|---|---|
| Sr. Technical Writer | Pratt & Whitney |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $135.00 | $80.00 |

| Last Name | First Name | MI |
|---|---|---|
| Chapman | Sherry | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 2097 Main St | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $80.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Hoffman | Aline | P |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 950 Main St . | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $25.00 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Shor | Mike | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 High St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $150.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Vinkles | Valdus | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 3160 South St . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| atty | Capalbo Houihan |

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

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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/28/2025 | $100.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Kortmann | Mary | S |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 430 Talcott Hill Rd . | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/29/2025 | $250.00 | $50.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Grady | Dorothy | M |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 42 Cornwall Dr . | Coventry | CT | 06238 |

| 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/29/2025 | $255.00 | $100.00 |

| Last Name | First Name | MI |
|---|---|---|
| Thomas | Lisa | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 255 Geraldine Dr . | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Teacher | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/29/2025 | $200.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Hand | Jonathan | B |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 178 Carpenter Rd | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Govt. Research Analyst | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/29/2025 | $80.00 | $25.00 |

# I. MONETARY RECEIPTS (Section A-K)

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

## B. Itemized Contributions from Individuals

| Last Name | First Name | MI |
|---|---|---|
| Conant | Lisa | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 173 Pucker St | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Grants/Contract Specialist | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/30/2025 | $105.00 | $50.00 |

| Last Name | First Name | MI |
|---|---|---|
| Hansen | Mary Ann | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 74 Avery Shr | Coventry | CT | 06238 |

| Principal Occupation | Name of Employer |
|---|---|
| Educator | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/30/2025 | $25.00 | $25.00 |

| Last Name | First Name | MI |
|---|---|---|
| Gallucci | Mary | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 242 North St | Willimantic | CT | 06226 |

| Principal Occupation | Name of Employer |
|---|---|
| Adjunct Faculty | 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

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 09282025A

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 |
|---|---|---|
| 09/30/2025 | $50.00 | $50.00 |

| | |
|---|---|
| **Total of Section B** | **$8,890.00** |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) *(Total on Line 13 of Summary Page)* | **$8,890.00** |

# I. MONETARY RECEIPTS (Section A-K)

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

## C1. Contributions from Other Committees

| Name of Committee | Name of Treasurer |
|---|---|
| Power of Women Pac | Robert Bourne |

| Address | Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes | No | Amount of Contribution |
|---|---|---|---|---|
| 17 Red Orange Rd | | ☐ | ☒ | $500.00 |

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| Middletown | CT | 06457 | 09/11/2025 | $1,500.00 |

| Name of Committee | Name of Treasurer |
|---|---|
| AFT Connecticut Political Committee | Eric O Borlaug |

| Address | Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes | No | Amount of Contribution |
|---|---|---|---|---|
| 35 Marshall Rd | | ☐ | ☒ | $1,000.00 |

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| Rocky Hill | CT | 06067 | 09/19/2025 | $1,000.00 |

| Name of Committee | Name of Treasurer |
|---|---|
| A & R COPE PAC | Alice M Sexton |

| Address | Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes | No | Amount of Contribution |
|---|---|---|---|---|
| 805 Brook St | | ☐ | ☒ | $500.00 |

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| Rocky Hill | CT | 06067 | 09/22/2025 | $500.00 |

| Name of Committee | Name of Treasurer |
|---|---|
| Firewall Fund | Timothy Birch |

| Address | Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes | No | Amount of Contribution |
|---|---|---|---|---|
| 506 King St | | ☐ | ☒ | $500.00 |

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| Bristol | CT | 06010 | 09/28/2025 | $500.00 |

| Total of Section C1 | **$2,500.00** |
|---|---|

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

### C2. Reimbursements or Surplus Distributions from other Committees

| Name of Committee | | | Name of Treasurer | |
|---|---|---|---|---|
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type<br>Reimbursement for shared expense<br>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 |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

### D. Loans Received this Period

| Name of Lender | Source of Loan:<br>Bank Candidate Individual Other | | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>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 |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

| Name of Entity | | | | |
|---|---|---|---|---|
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| | | | **Total of Section E** | |

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

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

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

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

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

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

| Date of Receipt | Amount |
|---|---|
| | **Total of Section G** |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

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

| Date of Receipt | Method of Payment | | | Amount |
|---|---|---|---|---|
| | Cash | Personal Check | Credit/Debit Card | |
| | | | **Total of Section H** | |

## I. Monetary Receipts (Section A-K)

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

### J. Interest from Deposits in Authorized Accounts

| Name of Institution | | | Date Received | Amount |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| | | | **Total of Section J** | |

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

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

### K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | | Date of Transaction | Amount Received |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| Description | | | | |
| | | | **Total of Section K** | |

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

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

### L1. Event Information

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 07/15/2025 | A | Party Event | [X] Yes [ ] No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 124 Lake St | Coventry | CT | 06238 |

*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

| Event # / Date of Event | Letter | Description | Was this a fundraising event? |
|---|---|---|---|
| 09/28/2025 | A | Meet and Greet Event | [X] Yes [ ] No |

| Location: Street Address | City | State | Zip Code |
|---|---|---|---|
| 905 South St . | Coventry | CT | 06238 |

*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 |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

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

| Name of Purchaser | Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship** |
|---|---|

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

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

| **Total of Section L3** | |
|---|---|

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

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

### L4. In-Kind Donations Not Considered Contributions

| Name of the Donor |
|---|
| |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| | | | |

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

| **Total of Section L4** | |
|---|---|

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

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

### L5. In-Kind Donations Not Considered Contributions Associated with a House Party

| Name of the Host | Is this event supporting more than one candidate or committee? Yes No If yes, complete Itemization in Addendum L5 |
|---|---|

| Street Address | City | State | Zip Code |
|---|---|---|---|

| Description of Donation | Fair Market Value of Donation |
|---|---|

| Event # | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate |
|---|---|---|

| Total of Section L5 | |
|---|---|

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

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

### 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<br>If yes, list Event# | Is contributor a principal of state contractor or prospective state contractor? Yes / No<br>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 |
|---|---|
| Coventry Democratic Town Committee | October 10 Filing - Amendment |

### N. Refundable Deposit to Telephone Company

| Last Name of Individual | First Name | MI | Date Deposit Made | |
|---|---|---|---|---|
| Residential Street Address | City | State | Zip Code | Amount of Deposit |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| | | | **Total of Section N** | |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Lombard | 07/02/2025 | [X] Check # 1557 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 173 Pucker St | Coventry | CT | 06238-0623 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FOOD | Candy for Willimantic Boom Box Parade | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $42.52 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Jillian Wood Reviczky | 07/04/2025 | [X] Check # 1558 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| Misc * | Newspaper Ad for Party Caucus | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $113.50 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Yvette Moretti | 07/07/2025 | [X] Check # 1559 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 28 Belmont St . | Wethersfield | CT | 06109 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| WEB | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $250.00 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/08/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | Processing fee for donation | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/11/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | Fee for processing Donations | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/18/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | Fee for processing donations | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $14.20 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Jillian Wood Reviczky | 07/18/2025 | [X] Check # 1560 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FOOD | Food for Party Caucus | 07152025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $121.39 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Richard Martin | 07/18/2025 | [X] Check # 1561 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 195 Northfield Rd . | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FOOD | Food for Party Caucus | 07152025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $22.76 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/22/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

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

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Mailchimp | 07/27/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 405 N Angier Ave NE | Atlanta | GA | 30312 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-DM | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $13.13 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/28/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $11.20 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| USPS | 07/29/2025 | ☐ Check # ☒ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1376 Main St | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| POST | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $61.00 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/30/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $10.60 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 07/30/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Megan Boshuyzen | 08/02/2025 | [X] Check # 1563 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 41 Margaret Dr | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| Misc * | Name Tag | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $8.74 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| New Way Strategies | 08/05/2025 | [X] Check # 1562 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 Avonwoodrd # 212 | Avon | CT | 06001 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| CNSLT | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $375.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 08/06/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $10.50 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| The Chronicle | 08/18/2025 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 229 | Willimantic | CT | 06226 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-NEWS | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $375.00 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 08/20/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $20.60 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 08/21/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $6.30 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 08/25/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $10.30 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Mailchimp | 08/27/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 405 N Angier Ave NE | Atlanta | GA | 30312 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-DM | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $13.13 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 08/28/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $64.90 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Hitchcock Printing | 08/29/2025 | [X] Check # 1564 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 191 John Downey Dr . | New Britain | CT | 06051 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| PRNT | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $462.62 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/04/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $8.60 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/04/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| New Way Strategies | 09/10/2025 | [X] Check # 1565 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 Avonwoodrd # 212 | Avon | CT | 06001 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| CNSLT | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $500.00 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/11/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $4.60 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/12/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $8.20 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/16/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

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

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/16/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Carolyn Arabolos | 09/16/2025 | [X] Check # 1566 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 132 N Farms Rd . | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| Misc * | Table Cloths for use at Party events | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $69.69 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Hitchcock Printing | 09/18/2025 | [X] Check # 1567 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 191 John Downey Dr . | New Britain | CT | 06051 |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $840.17 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/18/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $8.90 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Mailchimp | 09/18/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 405 N Angier Ave NE | Atlanta | GA | 30312 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-DM | Monthly cost for email services | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $2.12 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Edmonson | 09/20/2025 | [X] Check # 1568 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| Bonnie | Coventry | CT | 06238-0623 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FOOD | Coffee & Doughnuts For Arts on Main | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $96.48 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/22/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/22/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/24/2025 | ☐ Check # ☐ Debit Card ☒ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $1.70 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/24/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | |

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

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/24/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $1.30 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| New Way Strategies | 09/24/2025 | [X] Check # 1569 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 47 Avonwoodrd # 212 | Avon | CT | 06001 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| CNSLT | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $2,400.00 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Mailchimp | 09/27/2025 | [ ] Check # [ ] Debit Card [X] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 405 N Angier Ave NE | Atlanta | GA | 30312 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-DM | | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $20.20 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Jillian Wood Reviczky | 09/27/2025 | [X] Check # 1570 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 110 Wall St | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| Misc * | Porto Potty for David Hayes Fundraiser | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $191.43 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Carolyn Arabolos | 09/28/2025 | [X] Check # 1571 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 132 N Farms Rd . | Coventry | CT | 06238 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| FOOD | Food for David Hayes Fundraiser | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $127.88 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/29/2025 | [ ] Check # [ ] Debit Card [x] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [x] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $10.20 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot | 09/30/2025 | [ ] Check # [ ] Debit Card [x] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St | New Orleans | LA | 70112 |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| BNK | | 09282025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [x] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $5.90 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| ~~David Hayes Foundation~~ | ~~09/30/2025~~ | [~~x~~] Check # ~~1572~~ [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| ~~PO Box 509~~ | ~~Coventry~~ | ~~CT~~ | ~~06238-0623~~ |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| ~~FNDR *~~ | ~~Rental of Sculpture Field~~ | ~~09282025A~~ |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [~~x~~] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | ~~$100.00~~ |

| Total of Section P | $6,334.76 |
|---|---|

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| | October 10 Filing - Amendment |

### Q. Campaign Expenses Paid By Candidate

| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? Yes No |
|---|---|---|

| Street Address | City | State | Zip Code |
|---|---|---|---|

| Purpose of Expenditure (by code) | Description | Event # | **Amount** |
|---|---|---|---|

| **Total of Section Q** | |
|---|---|

## IV. EXPENDITURES

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

### R. Expenses Incurred on Committee Credit Card

| Name of Issuing Institution | Type of Credit Card: Visa Master Card Discover American Express Other |
|---|---|

| Name of Vendor, Person or Entity | Date of Transaction |
|---|---|

| Street Address | City | State | Zip Code |
|---|---|---|---|

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|

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

| **Total of Section R** | |
|---|---|

## IV. EXPENDITURES

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

### S. Expenses Incurred By Committee but Not Paid During this Period

| Name of Creditor | | | Date Incurred | |
|---|---|---|---|---|
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # |
| Expenditure# (if applicable) | Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure) Independent<br>Coordinated without reimbursement sought (in-kind contribution Organization : A B C D | | | Amount Incurred (Estimate or Actual) |
| | | | **Total of Section S** | |

## IV. EXPENDITURES (Sections P - T)

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

### T. Itemization of Reimbursements and Secondary Payees

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

## Section L5. ADDENDUM

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

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

| | |
|---|---|
| **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 |
|---|---|---|
| | | |