

**SEEC FORM 20**

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



Electronic Filing

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**COVER PAGE**

<b>1. NAME OF COMMITTEE</b>			
<b>Middlesex Area Team For Tomorrow</b>			
<b>2. TREASURER NAME</b>			
First <b>Robert</b>	MI <b>TF</b>	Last <b>Downes</b>	Suffix
<b>3. TREASURER ADDRESS</b>			
Street Address <b>10 Ten Rod Hwy</b>	City <b>Rocky Hill</b>	State <b>CT</b>	Zip Code <b>06067</b>
<b>4. ELECTION/REFERENDUM DATE</b>	<b>5. OFFICE SOUGHT</b> <i>(Complete only if Candidate Committee)</i>		<b>6. DISTRICT NUMBER</b> <i>(if applicable)</i>
<b>7. CANDIDATE NAME</b> <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
<b>8. TYPE OF REPORT</b>			
<b>October 10 Filing - Amendment</b>			
<b>9. PERIOD COVERED</b>			
Beginning Date		Ending Date	
<b>07/01/2025</b>		thru <b>09/30/2025</b>	
<b>10. CERTIFICATION</b>			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Robert Downes</b>	<b>10/24/2025 12:30:40AM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Middlesex Area Team For Tomorrow</b>	October 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$30,184.93</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$28,549.45</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$4,890.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$6,500.00</b>	<b>\$8,750.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$1,250.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$6,500.00</b>	<b>\$14,890.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$35,049.45</b>	<b>\$45,074.93</b>
19. Expenses Paid by Committee (Section P)	<b>\$826.56</b>	<b>\$10,852.04</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$34,222.89</b>	<b>\$34,222.89</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

*(See instructions for definition of Small Contributor)*

**Subtotal Section A**

**B. Itemized Contributions from Individuals**

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?	Yes No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:	Yes No Executive      Legislative	
Method of Contribution Cash      Personal Check      Credit/Debit Card      Payroll Deduction      Money Order		Date Received	Aggregate Contributions	
<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b>		(Sections A & B)	<i>(Total on Line 13 of Summary Page)</i>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
Middletown Teachers Election Committee	Elisha A Carta

Address	Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
670 Newfield St	If yes, list Event #		\$2,500.00
City	State	Zip Code	
Middletown	CT	06457	Date Received
			Aggregate Contributions
			\$2,500.00

Name of Committee	Name of Treasurer
District 1199 SEIU PAC/SEIU CT	Suzanne Clark

Address	Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
77 Huyshope Ave Fl 1	If yes, list Event #		\$2,000.00
City	State	Zip Code	
Hartford	CT	06106	Date Received
			Aggregate Contributions
			\$2,000.00

Name of Committee	Name of Treasurer
UA Plumbers & Pipefitters Local 777 PAC	Michael Rosario

Address	Is this contribution associated with an event reported in Section L1?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution
1250 E Main St	If yes, list Event #		\$2,000.00
City	State	Zip Code	
Meriden	CT	06450	Date Received
			Aggregate Contributions
			\$2,000.00

**Total of Section C1****\$6,500.00****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

Name of Committee	Name of Treasurer
Address	Date Received
City	State
	Zip Code
Payment Type	Amount of Receipt
Reimbursement for shared expense	
Surplus Distribution	
Expenditure # (if applicable)	Description

**Total of Section C2**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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		
<b>Total of Section E</b>					

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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
<b>Total of Section F</b>					

<b>I. MONETARY RECEIPTS (Section A-K)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>	
Date of Receipt	Amount
<b>Total of Section G</b>	

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

Name	Date of Transaction		Amount Received
Street Address	City	State	
Description			
<b>Total of Section K</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**L1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes      No	
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		Yes	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
		No		
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		No		
<i>Subpart 3: (Town Committees ONLY)</i>				
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<b>Total of Section L1</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

Name of Purchaser		Purchase Made By:	
		<b>Business Entity</b>	<b>Other</b>
		<b>Individual/Sole Proprietorship</b>	
Street Address		City	State      Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase      Amount of Sign Purchase
			<b>Total of Section L3</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

Name of the Donor			
Street Address		City	State      Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Business Entity  Individual  Sole Proprietorship	Date Received	Event #      Aggregate value for this event	
			<b>Total of Section L4</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**M. In-Kind Contributions**

Name			
Street Address		City	State
			Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee			
Individual / Sole Proprietorship	Other		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If 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
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative

<b>Total of Section M</b>	
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**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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	
<b>Total of Section N</b>				

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>		<b>TYPE OF REPORT</b>
Middlesex Area Team For Tomorrow		October 10 Filing - Amendment
<b>P. Expenses Paid By Committee</b>		

Name of Payee WIX.COM	Date of Payment 07/22/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 500 Terry A Francois Blvd # 6885	City San Francisco	State CA	Zip Code 94158
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Purpose of Expenditure (by code) WEB	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$25.52

Name of Payee WIX.COM	Date of Payment 08/22/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 500 Terry A Francois Blvd # 6885	City San Francisco	State CA	Zip Code 94158
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Purpose of Expenditure (by code) WEB	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$25.52

Name of Payee WIX.COM	Date of Payment 08/22/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 500 Terry A Francois Blvd # 6885	City San Francisco	State CA	Zip Code 94158
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Purpose of Expenditure (by code) WEB	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$25.52

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee Wethersfield Democratic Town Committee		Date of Payment 09/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 4145 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 83 Longvue Dr		City Wethersfield	State CT	Zip Code 06109
Purpose of Expenditure (by code) CNTRB	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$750.00
Name of Payee <del>Middletown Democratic Town Committee</del>		Date of Payment <del>09/20/2025</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>4142</del> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>17 Red-Orange Rd</del>		City <del>Middletown</del>	State <del>CT</del>	Zip Code <del>06457</del>
Purpose of Expenditure (by code) <del>CNTRB</del>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <del>\$500.00</del>
Name of Payee <del>Newington DTC</del>		Date of Payment <del>09/20/2025</del>	Method of Payment <input checked="" type="checkbox"/> Check # <del>4143</del> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <del>237 Brockett St</del>		City <del>Newington</del>	State <del>CT</del>	Zip Code <del>06111</del>
Purpose of Expenditure (by code) <del>CNTRB</del>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <del>\$1,000.00</del>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Rocky Hill Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4144</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>65 Butternut Ln</b>		City <b>Rocky Hill</b>		State <b>CT</b>
Zip Code <b>06067</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$1,000.00-</b>
Name of Payee <b>Ansonia DTC</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4146</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>14 Granite Ter</b>		City <b>Ansonia</b>		State <b>CT</b>
Zip Code <b>06401</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$750.00-</b>
Name of Payee <b>Bristol Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4147</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>75 Sturbridge Ct</b>		City <b>Bristol</b>		State <b>CT</b>
Zip Code <b>06010</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$500.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>South-Windsor Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4148</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>6 Birch Hill Dr</b>		City <b>South-Windsor</b>		State <b>CT</b>
Zip Code <b>06074</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$500.00-</b>
Name of Payee <b>Windsor Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4149</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>130 Palisado Ave</b>		City <b>Windsor</b>		State <b>CT</b>
Zip Code <b>06095</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$500.00-</b>
Name of Payee <b>Cromwell DTC</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4150</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>586 Main St</b>		City <b>Cromwell</b>		State <b>CT</b>
Zip Code <b>06416</b>		Event #		
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Manchester Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4151</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>85 Hollister St</b>		City <b>Manchester</b>	State <b>CT</b>	Zip Code <b>06042</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>
Name of Payee <b>Berlin Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4152</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>221 Still Meadow Ln</b>		City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>
Name of Payee <b>Southington Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4153</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>46 Hart St</b>		City <b>Southington</b>	State <b>CT</b>	Zip Code <b>06489</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Portland Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4154</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>257 Middle Haddam Rd</b>		City <b>Portland</b>	State <b>CT</b>	Zip Code <b>06480</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>
Name of Payee <b>Granby Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4155</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>PO Box 322</b>		City <b>Granby</b>	State <b>CT</b>	Zip Code <b>06035</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>
Name of Payee <b>East-Granby Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4156</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>41 Brighton Dr</b>		City <b>East-Granby</b>	State <b>CT</b>	Zip Code <b>06026</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$250.00-</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

**P. Expenses Paid By Committee**

Name of Payee <b>Windsor Locks Democratic Town Committee</b>		Date of Payment <b>09/20/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>4157</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>61 Pershing Rd</b>		City <b>Windsor Locks</b>	State <b>CT</b>	Zip Code <b>06096</b>
Purpose of Expenditure (by code) <b>ENFRB</b>	Description			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			<b>\$250.00-</b>
<b>Total of Section P</b>				<b>\$826.56</b>

**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	
<b>Total of Section Q</b>				

**IV. EXPENDITURES**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)      Independent Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D	Amount
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<b>Total of Section R</b>	
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**IV. EXPENDITURES**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	October 10 Filing - Amendment

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Middlesex Area Team For Tomorrow	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
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Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
	Check #                      Debit Card                      EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #
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Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	None of the below Coordinated with reimbursement sought (joint expenditure)                      Independent Coordinated without reimbursement sought (in-kind contribution)                      Organization:                      A                      B                      C                      D	

<b>Total of Section T</b>	
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**Section L5. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

**Section P. ADDENDUM**

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

**Section R. ADDENDUM**

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

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

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