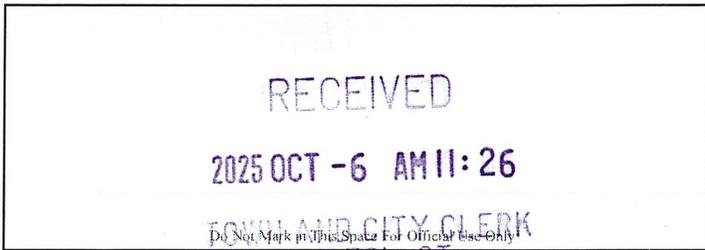


SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015



COVER PAGE

| | | | |
|--|--|--|---|
| 1. NAME OF COMMITTEE | | | |
| Coan for Council 2025 | | | |
| 2. TREASURER NAME | | | |
| First Jon | MI | Last FitzGerald | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 99 Gregory Rd | City Bristol | State CT | Zip Code 06010 |
| 4. ELECTION/REFERENDUM DATE (mm/dd/yyyy) 11/04/2025 | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> City Council | | 6. DISTRICT NUMBER <i>(if applicable)</i> 3rd |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i> | | | |
| First Stephen | MI J | Last Coan | Suffix |
| 8. TYPE OF REPORT <i>(Check One Box)</i> | | | |
| <input type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement <i>(PACs ONLY)</i> |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: |
| <input checked="" type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election <i>(State Central Committees Only)</i> | <input type="radio"/> Termination | _____ |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |
| 9. PERIOD COVERED | | | |
| Beginning Date June 7, 2025 | | thru | Ending Date September 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. | | | |
| | Jon P. FitzGerald | | 10/06/2025 |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | PRINT NAME OF SIGNER | | DATE (mm/dd/yyyy) |
| <i>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.</i> | | | |

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised January 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|-------------------------|-----------------------|
| Coan for Council 2025 | October 10, 2025 | |
| | 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 | | 0 |
| 12. Balance on hand at the beginning of Reporting Period | 0 | |
| 13. Contributions Received from Individuals (Sections A and B) | 2196 | 2196 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 0 | 0 |
| 15. Other Monetary Receipts (Sections D through K) | 0 | 0 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | 0 | 0 |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i> | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | 0 | 0 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 0 | 2196 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 2196 | 2196 |
| 19. Expenses Paid by Committee (Section P) | 1718.44 | 1718.44 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 477.51 | 477.51 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 0 | |
| 23. In-Kind Contributions Received (Section M) | 0 | |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | |
| 25. Loan Balance | 0 | |
| 25a. + Loans Received (Section D) | 0 | 0 |
| 25b. + Interest and Penalties on Loan | 0 | 0 |
| 25c. - Payments on Loan | 0 | 0 |
| 25d. Total Outstanding Loan Amount | 0 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 579.81 | 579.81 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 0 | 0 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 0 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 0 | |

I. MONETARY RECEIPTS (Sections A—K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|--|--|---|--|
| Coan for Council 2025 | | October 10, 2025 | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | | \$ 994 | |
| B. Itemized Contributions from Individuals | | | |
| Last Name Coan | | First Stephanie | |
| Residential Street Address 181 Sherwood Rd | | City Bristol | |
| Principal Occupation administrator | | Name of Employer Masonicare | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08152025</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: <input checked="" type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8.15.25 | |
| | | Aggregate Contributions 100 | |
| Amount of Contribution 100 | | | |
| Last Name Doyle, Sr | | First Thomas | |
| Residential Street Address 181 Sherwood Rd | | City Bristol | |
| Principal Occupation retired | | Name of Employer retired | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>8152025</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8.15.25 | |
| | | Aggregate Contributions 175 | |
| Amount of Contribution 175 | | | |
| Last Name Hoxha | | First Josephe | |
| Residential Street Address 18 Mill St | | City Bristol | |
| Principal Occupation legislator | | Name of Employer CT General Assembly | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>08152025</u> | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative | |
| Method of Contribution: <input type="radio"/> Cash <input checked="" type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 8.15.25 | |
| | | Aggregate Contributions 250 | |
| Amount of Contribution 250 | | | |
| SUBTOTAL Section B — This Page | | 525 | |
| TOTAL of additional Section B Pages | | 650 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) <i>(Enter total on Line 13, Column A of Summary Page Totals)</i> | | 1175 | |

Section B ADDITIONAL PAGE 3a of 17

| | | | |
|---|--|---|---------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Coan for Council 2025 | | 10/1/25 | |
| 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 Lukasiewicz | | First Jonathan | MI |
| Residential Street Address 290 Perkins St | | City Bristol | State Zip Code CT 06010 |
| Principal Occupation Swim instructor | | Name of Employer Heathray | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 08152025 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 8/15/15 | Aggregate Contributions 100- |
| Last Name Meyer | | First Tristen | MI |
| Residential Street Address 95 Colonial Court | | City Plainville | State Zip Code CT 06062 |
| Principal Occupation diesel technician | | Name of Employer AmeriSect Solution | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # 0808152025 | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received | Aggregate Contributions 100- |
| Last Name Mudzinski | | First Shirley | MI |
| Residential Street Address 8 Farm Hill Rd | | City Wallingford | State Zip Code CT 06492 |
| Principal Occupation Retired | | Name of Employer Retired | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Method of Contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 7/23/25 | Aggregate Contributions 100- |
| SUBTOTAL Section B — This Page | | 300- | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Coan For Council | | 2025 | |
| 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 | MI |
| Piers | | Lynette | |
| Residential Street Address | | City | State Zip Code |
| 361 Harmony Hill Rd | | Harwinton | CT 06791 |
| Principal Occupation | | Name of Employer | |
| Director of sales | | Ascend Laboratories | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| If yes, list Event # | 08152025 | | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 8/28/25 | 100 |
| | | | 100 |
| Last Name | | First | MI |
| Stefaniuk | | Gregorz | |
| Residential Street Address | | City | State Zip Code |
| 8 Wilmet Rd | | Sayreville | NJ 08872 |
| Principal Occupation | | Name of Employer | |
| owners | | GS Parts Auto | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| If yes, list Event # | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | 8/2/2025 | 250 |
| | | | 250 |
| Last Name | | First | MI |
| | | | |
| Residential Street Address | | City | State Zip Code |
| | | | |
| Principal Occupation | | Name of Employer | |
| | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this contribution associated with an event reported in Section L1? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, indicate which branch or branches of government the contract is with: | <input type="checkbox"/> Executive <input type="checkbox"/> Legislative |
| If yes, list Event # | | | |
| Method of Contribution: | | Date Received | Aggregate Contributions |
| <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | |
| | | | |
| SUBTOTAL Section B — This Page | | 350 | |
| TOTAL of additional Section B Pages | | | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | | | |
|---|---|---|--|-------------------------|--------------------------|-------------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | | | | 10/10/2025 | |
| C1. Contributions from Other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| | | | <input type="radio"/> Yes <input type="radio"/> No | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| | | | <input type="radio"/> Yes <input type="radio"/> No | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | Is this contribution associated with an event reported in Section L1? <i>If yes, list Event # _____</i> | | | Amount of Contribution | |
| | | | <input type="radio"/> Yes <input type="radio"/> No | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | | | |
| C2. Reimbursements or Surplus Distributions from other Committees | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | Amount of Receipt | | |
| Description | | | | | | | |
| Name of Committee | | | | Name of Treasurer | | | |
| Address | | | City | | State | Zip Code | |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | Amount of Receipt | | |
| Description | | | | | | | |
| SUBTOTAL Section C — This Page | | | | | | | |
| TOTAL of additional Section C Pages | | | | | | | |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> | | | | | | - 0 - | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|--|-----------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Coan for Council 2025 | 10/10/2025 |

D. Loans Received this Period

| | | | | |
|---|------|--|----------|--|
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |

| | |
|------------------------|-------|
| TOTAL SECTION D | - 0 - |
|------------------------|-------|

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 | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |

| | |
|------------------------|-------|
| TOTAL SECTION E | - 0 - |
|------------------------|-------|

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Coan for Council 2025 | 10/10/2025 |

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 <input type="radio"/> No <input checked="" type="radio"/> | If yes, list Event # | Amount |
|------------------------|--|--|----------------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL SECTION F | | | | - 0 - |

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

| Date of Receipt | Date of Receipt | Date of Receipt |
|------------------------|-----------------|-----------------|
| | | |
| Amount | Amount | Amount |
| TOTAL SECTION G | | - 0 - |

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

| Date of Receipt | Method of payment: | Amount |
|------------------------|---|--------|
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| TOTAL SECTION H | | - 0 - |

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|------|--|---------------------|----------------|------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | | 10/10/2025 | |
| J. Interest from Deposits in Authorized Accounts | | | | | |
| Name of Institution | | | Date Received | | Amount |
| Street Address | City | | State | Zip Code | |
| Name of Institution | | | Date Received | | Amount |
| Street Address | City | | State | Zip Code | |
| TOTAL SECTION J | | | | - 0 - | |
| K. Miscellaneous Monetary Receipts not Considered Contributions | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | City | | State | Zip Code | |
| Description | | | | | Amount Received |
| | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | City | | State | Zip Code | |
| Description | | | | | Amount Received |
| | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | City | | State | Zip Code | |
| Description | | | | | Amount Received |
| | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Street Address | City | | State | Zip Code | |
| Description | | | | | Amount Received |
| | | | | | |
| TOTAL SECTION K | | | | - 0 - | |

| | | |
|--|--|--------------|
| SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K) | | |
| Total Loans Received this Period (Section D) | | - 0 - |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | | + - 0 - |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | | + - 0 - |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | | + - 0 - |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | | + - 0 - |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | | + - 0 - |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | | + - 0 - |
| Total of Other Monetary Receipts <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i> | | - 0 - |

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|---|--------|----------------|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | 10/10/2025 | |
| L1. Event Information | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| 08/15/2025 | A | music & supper | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Location: Street Address | | City | State | Zip Code |
| Club 541 North Main St | | Bristly | CT | 06010 |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="radio"/> Yes (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.) | |
| | | | <input checked="" type="radio"/> 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? | | | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) | |
| | | | <input checked="" type="radio"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) | |
| | | | <input checked="" type="radio"/> No | |
| | | | → \$ <input style="width: 100px; height: 20px;" type="text"/> | |
| 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? | | | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) | |
| | | | <input checked="" type="radio"/> No | |
| 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? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) | |
| | | | <input checked="" type="radio"/> No | |
| | | | → \$ <input style="width: 100px; height: 20px;" type="text"/> | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? | |
| | | | <input type="radio"/> Yes <input type="radio"/> No | |
| Location: Street Address | | City | State | Zip Code |
| | | | | |
| Subpart 1: (All Committees) | | | | |
| Was this event hosted at a personal residence? | | | <input type="radio"/> Yes (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.) | |
| | | | <input type="radio"/> 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? | | | <input type="radio"/> Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) | |
| | | | <input type="radio"/> No | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) | |
| | | | <input type="radio"/> No | |
| | | | → \$ <input style="width: 100px; height: 20px;" type="text"/> | |
| 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? | | | <input type="radio"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) | |
| | | | <input type="radio"/> No | |
| 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? | | | <input type="radio"/> Yes (If yes, enter Total Receipts here.) | |
| | | | <input type="radio"/> No | |
| | | | → \$ <input style="width: 100px; height: 20px;" type="text"/> | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | - 0 - | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | - | |
| TOTAL of additional Section L1 Pages | | | - | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i> | | | - 0 - | |

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

| | |
|---|----------------|
| NAME OF COMMITTEE <small>(Provide Complete Name as Registered with Filing Repository)</small> | TYPE OF REPORT |
| Coan for Council 2025 | 10/10/2025 |

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

| | | | | | |
|-------------------|---------|------------------------------------|-------------------------------|--|----------|
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 | |
| Name of Purchaser | | | | Purchase Made By: <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 | |

| | |
|--|-------|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | |
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | |
| TOTAL of additional Section L3 Pages | |
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <small>(Enter total on Line 16c, Column A of Summary Page Totals)</small> | — 0 — |

II. EVENT ACTIVITY (Sections L1—L5)

| | |
|---|----------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| Coan for Council 2025 | 10/10/2025 |

L4. In-Kind Donations Not Considered Contributions

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

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

| | | | | | |
|--|-------------------------|--------------------------------------|---------|--------------------------------|--|
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | Fair Market Value of Donation | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Date Received</td> <td style="width: 25%; padding: 2px;">Event #</td> <td style="width: 50%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table> | | Date Received | Event # | Aggregate Value for this Event | |
| Date Received | Event # | Aggregate Value for this Event | | | |

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

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

| | | | | | |
|--|-------------------------|--------------------------------------|---------|--------------------------------|--|
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | Fair Market Value of Donation | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Date Received</td> <td style="width: 25%; padding: 2px;">Event #</td> <td style="width: 50%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table> | | Date Received | Event # | Aggregate Value for this Event | |
| Date Received | Event # | Aggregate Value for this Event | | | |

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

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

| | | | | | |
|--|-------------------------|--------------------------------------|---------|--------------------------------|--|
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | Fair Market Value of Donation | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Date Received</td> <td style="width: 25%; padding: 2px;">Event #</td> <td style="width: 50%; padding: 2px;">Aggregate Value for this Event</td> </tr> </table> | | Date Received | Event # | Aggregate Value for this Event | |
| Date Received | Event # | Aggregate Value for this Event | | | |

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

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

| | | | | | |
|--|-------------------------|--------------------------------------|---------|--------------------------------|--|
| Donation Given By: <input type="radio"/> Business Entity <input type="radio"/> Individual <input type="radio"/> Sole Proprietorship | Description of Donation | Fair Market Value of Donation | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Date Received</td> <td style="width: 25%; padding: 2px;">Event #</td> <td style="width: 50%; padding: 2px;">Aggregate value for this Event</td> </tr> </table> | | Date Received | Event # | Aggregate value for this Event | |
| Date Received | Event # | Aggregate value for this Event | | | |

| | |
|---------------------------------------|--|
| SUBTOTAL Section L4— This Page | |
|---------------------------------------|--|

| | |
|---|--|
| TOTAL of additional Section L4 Pages | |
|---|--|

| | |
|--|-------|
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> | — 0 — |
|--|-------|

| | |
|--|--|
| | |
|--|--|

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|--|---|---|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | 10/10/2025 | |
| L5. In-Kind Donations Not Considered Contributions Associated with a House Party | | | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | 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 | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | 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 | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | 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 | | |
| Name of Host | | | Is this event supporting more than one candidate or committee? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, complete Itemization in Addendum L5</i> | |
| Street Address | | City | | State |
| Street Address | | City | | 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 | | |
| SUBTOTAL Section L5 — This Page | | | | |
| TOTAL of additional Section L5 Pages | | | | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS ASSOCIATED WITH A HOUSE PARTY | | | — 0 — | |
| <i>(Enter total on Line 22, Column A of Summary Page Totals)</i> | | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | |
|--|---|-------------------------|-------------------------------------|----------------|---|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | | 10/10/2025 | |
| M. In-Kind Contributions | | | | | |
| Name | | | | | |
| Street Address | | | City | | State Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | |
| Name | | | | | |
| Street Address | | | City | | State Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | |
| Name | | | | | |
| Street Address | | | City | | State Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, list Event # _____</i> | Is contributor a principal of a state contractor or prospective state contractor? <input checked="" type="radio"/> Yes <input type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | |
| SUBTOTAL Section M — This Page | | | | | |
| TOTAL of additional Section M Pages | | | | | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 23, Column A of Summary Page Totals)</i> | | | | | — 0 — |
| N. Refundable Deposit to Telephone Company | | | | | |
| Last Name of Individual | | | First | 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 SECTION N <i>(Enter total on Line 24, Column A of Summary Page Totals)</i> | | | | | — 0 — |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
|---|---|-----------------------------------|---|
| Coan for Council 2025 | | 10/10/2025 | |
| P. Expenses Paid by Committee | | | |
| Name of Payee Reneeet Cheryl! | | Date of Payment | Method of Payment: <input checked="" type="radio"/> Check # 131 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 73 Yarde Dr | | City Bristol | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) RMB | Description 1/2 reimbursement for Palm cards | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | 329.69 |
| Name of Payee Compumail | | Date of Payment 8/25/25 | Method of Payment: <input checked="" type="radio"/> Check # 132 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 298 Captain Lewis Dr | | City Southington | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) A-signs | Description lawn signs | Event # | Amount |
| Expenditure # (if applicable) A-signs | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | 749.55 |
| Name of Payee Steve Coan | | Date of Payment | Method of Payment: <input checked="" type="radio"/> Check # 134 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 331 Main St | | City Bristol | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) RMB | Description payment for hall rental 08152025 | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | 250 |
| Name of Payee Steve Coan | | Date of Payment 9/15/25 | Method of Payment: <input checked="" type="radio"/> Check # 135 <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address 331 main ST | | City Bristol | State CT Zip Code 06010 |
| Purpose of Expenditure (by code) RMB | Description FNDR food and beverage 08152025 | Event # | Amount |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | 150.17 |
| SUBTOTAL Section P — This Page | | | 1479.41 |
| TOTAL of additional Section P Pages | | | 239.08 |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | 1718.44 |

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Coan for Council 2025 TYPE OF REPORT 10/10/2025

P. Expenses Paid by Committee

Name of Payee Steve Coan Date of Payment 9/15/2025 Method of Payment: Check # 136
 Debit Card EFT

Street Address 331 Main St City Bristol State CT Zip Code 06010

Purpose of Expenditure (by code) RMB Description Food for fundraiser Event # 08152025 Amount 179.64

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

Name of Payee Anedot Inc Date of Payment 8/26/25 Method of Payment: Check # Debit Card EFT

Street Address 3723 Greenville Ave Ste 41002 City Dallas State TX Zip Code 75206

Purpose of Expenditure (by code) web Description Event # Amount 59.44

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

Name of Payee Date of Payment Method of Payment: Check # Debit Card EFT

Street Address City State Zip Code

Purpose of Expenditure (by code) Description Event # Amount

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

Name of Payee Date of Payment Method of Payment: Check # Debit Card EFT

Street Address City State Zip Code

Purpose of Expenditure (by code) Description Event # Amount

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

SUBTOTAL Section P — This Page 239.08

TOTAL of additional Section P Pages 230

TOTAL OF ALL EXPENSES PAID BY COMMITTEE
(Enter total on Line 19, Column A of Summary Page Totals)

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
|--|-------------------|----------|-----------------|----------------|---|
| Coan for Council 2025 | | | | 10/10/2025 | |
| 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? |
| Bristol Polish American Club | | | 9/10/25 | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| 541 North Main St | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| FNDR | hall rental | 08152025 | | 250 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| Stop and Shop | | | 9/15/25 | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| 781 Pine St | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| FNDR | food and beverage | 08152025 | | 150.17 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| Aldi | | | 9/15/25 | | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| 110 Middle St | | Bristol | | CT | 06010 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| FNDR | food and beverage | 08152025 | | 179.64 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | | Date of Payment | | Is reimbursement claimed? |
| | | | | | <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| | | | | | |
| SUBTOTAL Section Q — This Page | | | | 579.81 | |
| TOTAL of additional Section Q Pages | | | | | |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) | | | | 579.81 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|--|--|---|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| Coan for Council 2025 | | | | 10/10/2025 | |
| 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 # | Amount Incurred <i>(Estimate or Actual)</i> | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | <input type="radio"/> Independent <input type="radio"/> Organization: | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount Incurred <i>(Estimate or Actual)</i> | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | <input type="radio"/> Independent <input type="radio"/> Organization: | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | |
| Name of Creditor | | | | Date Incurred | |
| Street Address | | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # | Amount Incurred <i>(Estimate or Actual)</i> | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum S Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) | | <input type="radio"/> Independent <input type="radio"/> Organization: | <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | |
| SUBTOTAL Section S-This Page | | | | | |
| TOTAL of additional Section S Pages | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 28, Column A of Summary Page Totals)</i> | | | | | |
| Previously reported Expenses Unpaid and still Outstanding | | | | | |
| TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 28a, Column A of Summary Page Totals)</i> | | | | — 0 — | |

IV. EXPENDITURES (Sections P—T)

| | |
|--|----------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Coan for Council 2025 | 10/10/2025 |

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Reelect Cheryl | | | 8/25/2012 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P: |
| Garrett Printing + Graphics | <input checked="" type="checkbox"/> Check # 131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 331 Riverside Av | Bristol | CT | 06010 |

| | | | |
|----------------------------------|--|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| A-OTH | Palm cards | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | 329.69 |

| | | | |
|--------------------------------|-------|----|---|
| 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: |
| | <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| | | | |

| | | | |
|----------------------------------|---|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | | | |
|--------------------------------|-------|----|---|
| 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: |
| | <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| | | | |

| | | | |
|----------------------------------|---|---------|---------------|
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | | |
| | <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Independent <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | |

| | |
|---------------------------------------|--------|
| SUBTOTAL Section T — This Page | 329.68 |
|---------------------------------------|--------|

| | |
|--|--|
| TOTAL of additional Section T Pages | |
|--|--|

| | |
|--|--------|
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | 329.68 |
|--|--------|