

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 36

**COVER PAGE**

|  |  |                             |   |
|--|--|-----------------------------|---|
| 1. NAME OF COMMITTEE   |  |                             |   |
| <b>New Canaan Republican Town Committee</b>  |  |                             |   |
| 2. TREASURER NAME  |  |                             |   |
| First<br><b>Gene</b>   | MI<br><b>W</b>   | Last<br><b>Goodman</b>      | Suffix                                    |
| 3. TREASURER ADDRESS   |  |                             |   |
| Street Address<br><b>327 Old Norwalk Rd</b>  | City<br><b>New Canaan</b>                                      | State<br><b>CT</b>          | Zip Code<br><b>06840</b>                  |
| 4. ELECTION/REFERENDUM DATE  | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> |                             | 6. DISTRICT NUMBER <i>(if applicable)</i> |
|  |  |                             |   |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>   |  |                             |   |
| First  | MI   | Last                        | Suffix                                    |
|  |  |                             |   |
| 8. TYPE OF REPORT  |  |                             |   |
| <b>7th Day Preceding General Election - Original</b>   |  |                             |   |
| 9. PERIOD COVERED  |  |                             |   |
| Beginning Date   |  | Ending Date                 |   |
| <b>10/01/2023</b>  |  | thru <b>10/29/2023</b>      |   |
| 10. CERTIFICATION  |  |                             |   |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |                             |   |
| <b>Electronic Filing</b>   | <b>Gene Goodman</b>  | <b>10/31/2023 7:49:10AM</b> |   |
| SIGNATURE  | PRINT NAME OF THE SIGNER                                       | DATE CERTIFIED              |   |
| <p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>  |  |                             |   |

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)  | TYPE OF REPORT                                |                       |
|---|---|-----------------------|
| <b>New Canaan Republican Town Committee</b>   | 7th Day Preceding General Election - Original |                       |
|   | COLUMN A<br>This Period                       | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR<br>Balance on hand from day Committee was formed for all other Committees |   | <b>\$34,082.12</b>    |
| 12. Balance on hand at the beginning of Reporting Period  | <b>\$39,241.84</b>                            |                       |
| 13. Contributions received from Individuals (Section A and B)   | <b>\$34,015.00</b>                            | <b>\$105,735.00</b>   |
| 14. Receipts from Other Committees (Sections C1 and C2)   | <b>\$0.00</b>                                 | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)   | <b>\$0.00</b>                                 | <b>\$839.73</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>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)   | <b>\$34,015.00</b>                            | <b>\$106,574.73</b>   |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)  | <b>\$73,256.84</b>                            | <b>\$140,656.85</b>   |
| 19. Expenses Paid by Committee (Section P)  | <b>\$39,988.93</b>                            | <b>\$107,388.94</b>   |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)   | <b>\$33,267.91</b>                            | <b>\$33,267.91</b>    |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)  | <b>\$0.00</b>                                 | <b>\$2,006.00</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>\$7,859.72</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                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

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

(See instructions for definition of Small Contributor)

Subtotal Section A

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

|   |  |   |   |                   |
|---|--|---|---|-------------------|
| Last Name<br>Diamantis  |  | First Name<br>ELIAS                         |   | MI                |
| Residential Street Address<br>35 Thayer Pond Rd   |  | City<br>New Canaan                          | State<br>CT   | Zip Code<br>06840 |
| Principal Occupation<br>SELF  |  | Name of Employer<br>Arcadian Consulting LLC |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution<br><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<br>10/01/2023                 | Aggregate Contributions<br>\$500.00                                 | \$500.00          |

|   |  |                                      |   |                   |
|---|--|--------------------------------------|---|-------------------|
| Last Name<br>ZWICK  |  | First Name<br>SPENCER                |   | MI                |
| Residential Street Address<br>33 Sunset Hill Rd   |  | City<br>New Canaan                   | State<br>CT   | Zip Code<br>06840 |
| Principal Occupation<br>CO FOUNDER & MANAGER  |  | Name of Employer<br>SOLAMERE CAPITAL |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution<br><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<br>10/03/2023          | Aggregate Contributions<br>\$2,000.00                               | \$2,000.00        |

|   |  |                             |   |                   |
|---|--|-----------------------------|---|-------------------|
| Last Name<br>GARCIA   |  | First Name<br>LOU           |   | MI                |
| Residential Street Address<br>128 W Hills Rd  |  | City<br>New Canaan          | State<br>CT   | Zip Code<br>06840 |
| Principal Occupation<br>SELF  |  | Name of Employer<br>WH LLC  |   |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution  |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                   |
| Method of Contribution<br><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<br>10/03/2023 | Aggregate Contributions<br>\$1,000.00                               | \$1,000.00        |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                             |                                       |                   |
|---|--|--|-----------------------------|---------------------------------------|-------------------|
| Last Name<br>GROFF  |  | First Name<br>DANIEL   |                             | MI                                    |                   |
| Residential Street Address<br>159 Oenoke Rdg  |  | City<br>New Canaan   |                             | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>INVESTOR  |  |  | Name of Employer<br>SELF    |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             |                                       |                   |
| Method of Contribution<br><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<br>10/06/2023 | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

|   |  |  |                                    |                                       |                   |
|---|--|--|------------------------------------|---------------------------------------|-------------------|
| Last Name<br>NEELEMAN   |  | First Name<br>DAVID  |                                    | MI                                    |                   |
| Residential Street Address<br>10399 Summit View Dr  |  | City<br>Park City  |                                    | State<br>UT                           | Zip Code<br>84060 |
| Principal Occupation<br>EXECUTIVE   |  |  | Name of Employer<br>BREEZE AIRWAYS |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                    |                                       |                   |
| Method of Contribution<br><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<br>10/06/2023        | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

|   |  |  |                             |                                     |                   |
|---|--|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>BUSBY  |  | First Name<br>MARY   |                             | MI                                  |                   |
| Residential Street Address<br>51 Toquam Rd  |  | City<br>New Canaan   |                             | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>NA  |  |  | Name of Employer<br>NA      |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             |                                     |                   |
| Method of Contribution<br><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<br>10/06/2023 | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |  |                                       |                   |
|---|--|--|--|---------------------------------------|-------------------|
| Last Name<br>GAGLIARDI  |  | First Name<br>JOHN   |  | MI                                    |                   |
| Residential Street Address<br>36 Sunset Hill Rd   |  | City<br>New Canaan   |  | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>OWNER   |  |  | Name of Employer<br>PLAYERS              |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                   |
| Method of Contribution<br><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<br>10/06/2023              | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |
| Last Name<br>CARLSON  |  | First Name<br>LAUREL   |  | MI                                    |                   |
| Residential Street Address<br>142 Sleepy Hollow Rd  |  | City<br>New Canaan   |  | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>EDUCATOR  |  |  | Name of Employer<br>NORWALK COMM COLLEGE |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                   |
| Method of Contribution<br><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<br>10/10/2023              | Aggregate Contributions<br>\$500.00   | \$500.00          |
| Last Name<br>CANNON   |  | First Name<br>DAVID  |  | MI                                    |                   |
| Residential Street Address<br>60 Pepper Ln  |  | City<br>New Canaan   |  | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>BANKER  |  |  | Name of Employer<br>KEY BANK             |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                   |
| Method of Contribution<br><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<br>10/11/2023              | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                                |                                       |                   |
|---|--|--|--------------------------------|---------------------------------------|-------------------|
| Last Name<br>FINK   |  | First Name<br>JIM  |                                | MI                                    |                   |
| Residential Street Address<br>11 Skyview La   |  | City<br>New Canaan   |                                | State<br>CN                           | Zip Code<br>06840 |
| Principal Occupation<br>WEALTH ADVISOR  |  |  | Name of Employer<br>ALEX BROWN |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                       |                   |
| Method of Contribution<br><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<br>10/11/2023    | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

|   |  |  |                             |                                     |                   |
|---|--|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>KOCK   |  | First Name<br>DAVE   |                             | MI                                  |                   |
| Residential Street Address<br>148 Wee Burn Dr   |  | City<br>New Canaan   |                             | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>SELF  |  |  | Name of Employer<br>SELF    |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><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<br>10/12/2023 | Aggregate Contributions<br>\$500.00 | \$500.00          |

|   |  |  |   |                                     |                   |
|---|--|--|---|-------------------------------------|-------------------|
| Last Name<br>PAULOS   |  | First Name<br>SUMMER   |   | MI                                  |                   |
| Residential Street Address<br>38 Taunton Hill Rd  |  | City<br>New Canaan   |   | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>PROPERTY MANAGER  |  |  | Name of Employer<br>Kensington capital holdings |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |   | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                     |                   |
| Method of Contribution<br><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<br>10/14/2023                     | Aggregate Contributions<br>\$500.00 | \$500.00          |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>NARDINI  |  | First Name<br>BRETT  |                                     | MI                     |
| Residential Street Address<br>720 Weed St   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>FINANCE   |  | Name of Employer<br>PRIVATE  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><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<br>10/14/2023  | Aggregate Contributions<br>\$500.00 | \$500.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>ORSER  |  | First Name<br>HENSON   |                                       | MI                     |
| Residential Street Address<br>91 Parish Ln  |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>CEO   |  | Name of Employer<br>Virtual Asset Regulatory Authority   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/14/2023  | Aggregate Contributions<br>\$2,000.00 | \$2,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>LACERNA  |  | First Name<br>JASON  |                                       | MI                     |
| Residential Street Address<br>469 Brookside Roadn   |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>INVESTOR  |  | Name of Employer<br>lowe's   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/14/2023  | Aggregate Contributions<br>\$2,000.00 | \$110.00               |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| Last Name<br>ELLINGSON  |  | First Name<br>SPENCER  |                                       | MI   |
| Residential Street Address<br>28 Selleck Pl   |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840                            |
| Principal Occupation<br>SALES   |  | Name of Employer<br>SNOWFLAKE  |                                       |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution<br><br><br>\$1,000.00 |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                       |  |
| Method of Contribution<br><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<br>10/15/2023  | Aggregate Contributions<br>\$1,000.00 |  |

|   |  |  |                                       |  |
|---|--|--|---------------------------------------|--|
| Last Name<br>COLEMAN  |  | First Name<br>CLEVELAND  |                                       | MI   |
| Residential Street Address<br>507 Smith Rifge Rd  |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840                            |
| Principal Occupation<br>STUDENT   |  | Name of Employer<br>NA   |                                       |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       | Amount of Contribution<br><br><br>\$1,000.00 |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                       |  |
| Method of Contribution<br><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<br>10/15/2023  | Aggregate Contributions<br>\$1,000.00 |  |

|   |  |  |                                     |  |
|---|--|--|-------------------------------------|--|
| Last Name<br>MILLIGAN   |  | First Name<br>JASON  |                                     | MI   |
| Residential Street Address<br>123 Woodland Rd   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840                          |
| Principal Occupation<br>REAL ESTATE   |  | Name of Employer<br>SELF   |                                     |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution<br><br><br>\$250.00 |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     |  |
| Method of Contribution<br><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<br>10/15/2023  | Aggregate Contributions<br>\$250.00 |  |



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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>MACLVER  |  | First Name<br>GRETCHEN   |                                     | MI                     |
| Residential Street Address<br>29 Wellesley Dr   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>CONSULTANT  |  | Name of Employer<br>SELF   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$250.00 | \$250.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>MARICH   |  | First Name<br>CHRISTOPHER  |                                       | MI                     |
| Residential Street Address<br>39 Lambert Rd   |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>PRIVATE EQUITY  |  | Name of Employer<br>C16 Advisors Inc.  |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>LYNETTE  |  | First Name<br>GAY  |                                       | MI                     |
| Residential Street Address<br>2674 Sheltingham Dr   |  | City<br>Wellington   | State<br>FL                           | Zip Code<br>33414      |
| Principal Occupation<br>NONE  |  | Name of Employer<br>NONE   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>HARTONG  |  | First Name<br>SUSAN  |                                     | MI                     |
| Residential Street Address<br>71 Parish Ln  |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>RETAIL ASSOCIATE  |  | Name of Employer<br>NIELSENS FLORIST   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$250.00 | \$250.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>Abdelwahab   |  | First Name<br>SAM  |                                     | MI                     |
| Residential Street Address<br>567 Carter St   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>TRADER  |  | Name of Employer<br>PT 72  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$380.00 | \$380.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>DOONEY   |  | First Name<br>MISSY  |                                     | MI                     |
| Residential Street Address<br>123 Richmond Hill Rd # 7  |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>ATTORNEY  |  | Name of Employer<br>SELF   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                                     |                        |
| Method of Contribution<br><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<br>10/16/2023  | Aggregate Contributions<br>\$100.00 | \$100.00               |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                                |                                       |                   |
|---|--|--|--------------------------------|---------------------------------------|-------------------|
| Last Name<br>SANSEVERINO  |  | First Name<br>THOMAS   |                                | MI                                    |                   |
| Residential Street Address<br>113 Kimberly Pl   |  | City<br>New Canaan   |                                | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>CONTRACTOR  |  |  | Name of Employer<br>CAMSAN INC |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                       |                   |
| Method of Contribution<br><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<br>10/16/2023    | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

|   |  |  |                                      |                                       |                   |
|---|--|--|--------------------------------------|---------------------------------------|-------------------|
| Last Name<br>WARNER   |  | First Name<br>JOHN   |                                      | MI                                    |                   |
| Residential Street Address<br>220 Carter St   |  | City<br>New Canaan   |                                      | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>INVESTOR  |  |  | Name of Employer<br>Gridiron Capital |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                      | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                      |                                       |                   |
| Method of Contribution<br><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<br>10/16/2023          | Aggregate Contributions<br>\$2,000.00 | \$2,000.00        |

|   |  |  |                             |                                     |                   |
|---|--|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>FINK   |  | First Name<br>MARISSA  |                             | MI                                  |                   |
| Residential Street Address<br>346 Frogtown Rd   |  | City<br>New Canaan   |                             | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>CONSULTANT  |  |  | Name of Employer<br>KPMG    |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><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<br>10/16/2023 | Aggregate Contributions<br>\$500.00 | \$500.00          |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>MORGAN   |  | First Name<br>SCOTT  |                                       | MI                     |
| Residential Street Address<br>130 Evergreen Rd  |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>REAL ESTATE   |  | Name of Employer<br>SELF   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/17/2023  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>SILVESTRO  |  | First Name<br>SANTO  |                                       | MI                     |
| Residential Street Address<br>31 Fatherpeters Ln  |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>BUSINESS OWNER  |  | Name of Employer<br>NEW CANAAN AUTO BODY   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/17/2023  | Aggregate Contributions<br>\$1,000.00 | \$1,000.00             |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>PRUTTING   |  | First Name<br>DAVID  |                                     | MI                     |
| Residential Street Address<br>485 Laurel Rd   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>PHOTOGRAPHER  |  | Name of Employer<br>BFA NYCC LLC   |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><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<br>10/17/2023  | Aggregate Contributions<br>\$250.00 | \$250.00               |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                             |                                     |                   |
|---|--|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>FIEDLER  |  | First Name<br>NATALIE  |                             | MI                                  |                   |
| Residential Street Address<br>356 West Rd   |  | City<br>New Canaan   |                             | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>MOM   |  |  | Name of Employer<br>NA      |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                     |                   |
| Method of Contribution<br><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<br>10/17/2023 | Aggregate Contributions<br>\$500.00 | \$500.00          |

|   |  |  |  |                                       |                   |
|---|--|--|--|---------------------------------------|-------------------|
| Last Name<br>CHENG  |  | First Name<br>JONATHAN   |  | MI                                    |                   |
| Residential Street Address<br>226 Buttery Rd  |  | City<br>New Canaan   |  | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>INVESTMENTS   |  |  | Name of Employer<br>ALEXANDER ROAD CAPITAL |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |                   |
| Method of Contribution<br><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<br>10/18/2023                | Aggregate Contributions<br>\$2,090.00 | \$500.00          |

|   |  |  |  |                                     |                   |
|---|--|--|--|-------------------------------------|-------------------|
| Last Name<br>WERNEBURG  |  | First Name<br>SCOTT  |  | MI                                  |                   |
| Residential Street Address<br>133 Marvin Ridge Rd   |  | City<br>New Canaan   |  | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>PRINCIPAL INVESTMENTS   |  |  | Name of Employer<br>FREEPORT COMMODITIES |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023              | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                                    |                                     |                   |
|---|--|--|------------------------------------|-------------------------------------|-------------------|
| Last Name<br>KERRIDGE   |  | First Name<br>Douglas  |                                    | MI                                  |                   |
| Residential Street Address<br>403 Michigan Rd   |  | City<br>New Canaan   |                                    | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>Lawyer  |  |  | Name of Employer<br>Washton & Gito |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                    | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023        | Aggregate Contributions<br>\$850.00 | \$250.00          |

|   |  |  |  |                                     |                   |
|---|--|--|--|-------------------------------------|-------------------|
| Last Name<br>Sillo  |  | First Name<br>Rick   |  | MI                                  |                   |
| Residential Street Address<br>691 Old Stamford Rd   |  | City<br>New Canaan   |  | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>Builder   |  |  | Name of Employer<br>Sillo Construction |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023            | Aggregate Contributions<br>\$500.00 | \$500.00          |

|   |  |  |                             |                                    |                   |
|---|--|--|-----------------------------|------------------------------------|-------------------|
| Last Name<br>MINTZ  |  | First Name<br>ANABDA   |                             | MI                                 |                   |
| Residential Street Address<br>162 Forest St # 3   |  | City<br>New Canaan   |                             | State<br>CT                        | Zip Code<br>06840 |
| Principal Occupation<br>RECRUITMENT AND CONSULTING  |  |  | Name of Employer<br>SELF    |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                   |
| Method of Contribution<br><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<br>10/18/2023 | Aggregate Contributions<br>\$75.00 | \$75.00           |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |   |                              |                                     |                   |
|---|---|------------------------------|-------------------------------------|-------------------|
| Last Name<br>PINKERNELL   |   | First Name<br>JASON          |                                     | MI                |
| Residential Street Address<br>412 Brushy Ridge Rd   |   | City<br>New Canaan           | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>CONVERTIBLE BOND SALES  |   | Name of Employer<br>JEFFRIES |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative   |                              |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023  | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>RASSO  |  | First Name<br>BILLY         |                                     | MI                |
| Residential Street Address<br>33 Shaker Rd  |  | City<br>New Canaan          | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>PROJECT MANAGER   |  | Name of Employer<br>MAGNA   |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023 | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |                             |                                     |                   |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name<br>CRUGER   |  | First Name<br>TYLER         |                                     | MI                |
| Residential Street Address<br>51 Reeder Ln  |  | City<br>New Canaan          | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation  |  | Name of Employer            |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |                             |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023 | Aggregate Contributions<br>\$100.00 | \$100.00          |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**B. Itemized Contributions from Individuals**

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>FITTIPALDI   |  | First Name<br>JEFFERY  |                                     | MI                     |
| Residential Street Address<br>74 Forest St  |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>FINANCE   |  | Name of Employer<br>PIPER SANDLER  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><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<br>10/18/2023  | Aggregate Contributions<br>\$500.00 | \$500.00               |

|   |  |  |                                     |                        |
|---|--|--|-------------------------------------|------------------------|
| Last Name<br>SMITH  |  | First Name<br>MIKE   |                                     | MI                     |
| Residential Street Address<br>301 Laurel Rd   |  | City<br>New Canaan   | State<br>CT                         | Zip Code<br>06840      |
| Principal Occupation<br>FOOTBALL MANAGER  |  | Name of Employer<br>ALK CAPITAL  |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><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<br>10/18/2023  | Aggregate Contributions<br>\$500.00 | \$500.00               |

|   |  |  |                                       |                        |
|---|--|--|---------------------------------------|------------------------|
| Last Name<br>HOLMSTEAD  |  | First Name<br>CARAS  |                                       | MI                     |
| Residential Street Address<br>45 Lukes Wood Rd  |  | City<br>New Canaan   | State<br>CT                           | Zip Code<br>06840      |
| Principal Occupation<br>FINANCE   |  | Name of Employer<br>PALISTAR   |                                       |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                       | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |                        |
| Method of Contribution<br><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<br>10/18/2023  | Aggregate Contributions<br>\$1,500.00 | \$1,000.00             |



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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                               |                                     |                   |
|---|--|--|-------------------------------|-------------------------------------|-------------------|
| Last Name<br>SILLO  |  | First Name<br>ANTHONY  |                               | MI                                  |                   |
| Residential Street Address<br>38 Whitney Ave  |  | City<br>New Canaan   |                               | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>SELF  |  |  | Name of Employer<br>SELF      |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                               | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023   | Aggregate Contributions<br>\$500.00 | \$500.00          |
| Last Name<br>LAVYNE   |  | First Name<br>JENNINE  |                               | MI                                  |                   |
| Residential Street Address<br>20 Jellif Mill Rd   |  | City<br>New Canaan   |                               | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>BRAND MANAGEMENT  |  |  | Name of Employer<br>OREAL     |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                               | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023   | Aggregate Contributions<br>\$250.00 | \$250.00          |
| Last Name<br>PLATER   |  | First Name<br>NATALIE  |                               | MI                                  |                   |
| Residential Street Address<br>534 Ponus Rdg   |  | City<br>New Canaan   |                               | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>HOMEMAKER   |  |  | Name of Employer<br>HOMEMAKER |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                               | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                     |                   |
| Method of Contribution<br><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<br>10/18/2023   | Aggregate Contributions<br>\$250.00 | \$250.00          |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |                               |                                       |                   |
|---|--|--|-------------------------------|---------------------------------------|-------------------|
| Last Name<br>BROOKFIELD   |  | First Name<br>CHRISTINE  |                               | MI                                    |                   |
| Residential Street Address<br>65 Bayberry Rd  |  | City<br>New Canaan   |                               | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>NONE  |  |  | Name of Employer<br>HOMEMAKER |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                               | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                       |                   |
| Method of Contribution<br><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<br>10/19/2023   | Aggregate Contributions<br>\$500.00   | \$500.00          |
| Last Name<br>WANDERER   |  | First Name<br>LISA   |                               | MI                                    |                   |
| Residential Street Address<br>125 West Rd   |  | City<br>New Canaan   |                               | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>LAWYER  |  |  | Name of Employer<br>NA        |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                               | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                       |                   |
| Method of Contribution<br><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<br>10/19/2023   | Aggregate Contributions<br>\$250.00   | \$250.00          |
| Last Name<br>Komisarek  |  | First Name<br>Michael  |                               | MI                                    |                   |
| Residential Street Address<br>81 Parish Rd  |  | City<br>New Canaan   |                               | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>VARIOUS CANUCKS   |  |  | Name of Employer<br>NHL       |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                               | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |                                       |                   |
| Method of Contribution<br><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<br>10/19/2023   | Aggregate Contributions<br>\$1,000.00 | \$1,000.00        |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

New Canaan Republican Town Committee

TYPE OF REPORT

7th Day Preceding General Election - Original

**B. Itemized Contributions from Individuals**

|   |  |  |  |                                     |                   |
|---|--|--|--|-------------------------------------|-------------------|
| Last Name<br>ROGERS   |  | First Name<br>BRIAN  |  | MI                                  |                   |
| Residential Street Address<br>76 Rocky Nook Rd  |  | City<br>New Canaan   |  | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>EXECUTIVE   |  |  | Name of Employer<br>RELATION INSURANCE |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |  | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                     |                   |
| Method of Contribution<br><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<br>10/19/2023            | Aggregate Contributions<br>\$500.00 | \$500.00          |

|   |  |  |                                     |                                     |                   |
|---|--|--|-------------------------------------|-------------------------------------|-------------------|
| Last Name<br>PARKER   |  | First Name<br>DANIEL   |                                     | MI                                  |                   |
| Residential Street Address<br>11 Surry Rd   |  | City<br>New Canaan   |                                     | State<br>CT                         | Zip Code<br>06840 |
| Principal Occupation<br>REAL ESTATE   |  |  | Name of Employer<br>Eastdil Secured |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                                     | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                                     |                   |
| Method of Contribution<br><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<br>10/19/2023         | Aggregate Contributions<br>\$250.00 | \$250.00          |

|   |  |  |                             |                                       |                   |
|---|--|--|-----------------------------|---------------------------------------|-------------------|
| Last Name<br>DINGER   |  | First Name<br>JAN  |                             | MI                                    |                   |
| Residential Street Address<br>6 West Rd   |  | City<br>New Canaan   |                             | State<br>CT                           | Zip Code<br>06840 |
| Principal Occupation<br>MANAGING DIRECTOR   |  |  | Name of Employer<br>Fenergo |                                       |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |                             | Amount of Contribution                |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>10182023A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                       |                   |
| Method of Contribution<br><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<br>10/26/2023 | Aggregate Contributions<br>\$2,000.00 | \$2,000.00        |

**Total of Section B****\$34,015.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A &amp; B)

(Total on Line 13 of Summary Page)

**\$34,015.00**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**C1. Contributions from Other Committees**

|                   |       |   |                   |                         |    |                        |
|-------------------|-------|---|-------------------|-------------------------|----|------------------------|
| Name of Committee |       |   | Name of Treasurer |                         |    |                        |
| Address           |       | Is this contribution associated with an event reported in Section L1? |                   | Yes                     | No | Amount of Contribution |
|                   |       | If yes, list Event #  |                   |                         |    |                        |
| City              | State | Zip Code  | Date Received     | Aggregate Contributions |    |                        |

**Total of Section C1****I. MONETARY RECEIPTS (Section A-K)**

|                                      |   |
|--------------------------------------|---|
| NAME OF COMMITTEE                    | TYPE OF REPORT                                |
| New Canaan Republican Town Committee | 7th Day Preceding General Election - Original |

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

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

**Total of Section C2**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**D. Loans Received this Period**

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

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

|                                      |   |
|--------------------------------------|---|
| NAME OF COMMITTEE                    | TYPE OF REPORT                                |
| New Canaan Republican Town Committee | 7th Day Preceding General Election - Original |

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

|                           |       |          |                         |  |                 |
|---------------------------|-------|----------|-------------------------|--|-----------------|
| Name of Entity            |       |          |                         |  |                 |
| Street Address            |       |          | Date Received           |  | Amount Received |
| City                      | State | Zip Code | Aggregate Contributions |  |                 |
| <b>Total of Section E</b> |       |          |                         |  |                 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

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

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

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |   |
|--|---|
| NAME OF COMMITTEE  | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |
| <b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b> |   |
| Date of Receipt  | Amount  |
| <b>Total of Section G</b>  |   |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>  |  |        |
|--|--|--------|
| NAME OF COMMITTEE  | TYPE OF REPORT   |        |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original  |        |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |  |        |
| Date of Receipt  | Method of Payment<br>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                                |
| New Canaan Republican Town Committee   |      |               | 7th Day Preceding General Election - Original |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |               |   |
| Name of Institution  |      | Date Received | Amount  |
| Street Address   | City | State         |   |
| <b>Total of Section J</b>  |      |               |   |

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

| NAME OF COMMITTEE                    | TYPE OF REPORT                                |
|--------------------------------------|---|
| New Canaan Republican Town Committee | 7th Day Preceding General Election - Original |

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

| Name                      | Date of Transaction | Amount Received |          |
|---------------------------|---------------------|-----------------|----------|
| Street Address            | City                | State           | Zip Code |
| 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                                |
|--|---|
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**L1. Event Information**

| Event #<br>Date of Event  | Letter | Description                            | Was this a fundraising event?  |                             |
|---|--------|--|--|-----------------------------|
| 10/18/2023  | A      | Meet and Greet Event                   | <input checked="" type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Location: Street Address  |        | City                                   | State  | Zip Code                    |
| 33 Sunset Hill Rd   |        | New Canaan                             | CT   | 06840                       |
| <i>Subpart 1: (All Committees)</i>  |        |  |  |                             |
| Was this event hosted at a personal residence?  |        | <input type="checkbox"/> 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> |                             |
|   |        | <input type="checkbox"/> 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="checkbox"/> Yes           | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>  |                             |
|   |        | <input checked="" type="checkbox"/> 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="checkbox"/> Yes           | <i>(If yes, enter Total Receipts here.)</i>  |                             |
|   |        | <input checked="" type="checkbox"/> No | <b>\$0.00</b>  |                             |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>                       |        |  |  |                             |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?                                   |        | <input type="checkbox"/> Yes           | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>   |                             |
|   |        | <input type="checkbox"/> 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?                    |        | <input type="checkbox"/> Yes           | <i>(If yes, enter Total Receipts here.)</i>  |                             |
|   |        | <input checked="" type="checkbox"/> No | <b>\$0.00</b>  |                             |
| <b>Total of Section L1</b>  |        |  | <b>\$0.00</b>  |                             |

| II. EVENT ACTIVITY (Sections L1 - L5)  |         |                                    |                               |  |                            |
|--|---------|------------------------------------|-------------------------------|--|----------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         |                                    |                               | TYPE OF REPORT   |                            |
| New Canaan Republican Town Committee   |         |                                    |                               | 7th Day Preceding General Election - Original                                |                            |
| L3. Purchases of Advertising in a Program Book or on a Sign                    |         |                                    |                               |  |                            |
| Name of Purchaser  |         |                                    |                               | Purchase Made By:  |                            |
|  |         |                                    |                               | <b>Business Entity</b> <b>Other</b><br><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                                |                            |
| New Canaan Republican Town Committee   |                         |         |                                | 7th Day Preceding General Election - Original |                            |
| 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   | Date Received           | Event # | Aggregate value for this event |   |                            |
| Sole Proprietorship  |                         |         |                                |   |                            |
|  |                         |         |                                |   | <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                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

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

|                         |   |  |                               |
|-------------------------|---|--|-------------------------------|
| Name of the Host        |   | Is this event supporting more than one candidate or committee? |                               |
|                         |   | Yes  | No                            |
|                         |   | If yes, complete Itemization in Addendum L5                    |                               |
| Street Address          | City                                      | State  | Zip Code                      |
| Description of Donation |   |  | Fair Market Value of Donation |
| Event #                 | Aggregate value of this Event - all hosts | Aggregate value of all Events - this host/candidate            |                               |

**Total of Section L5**

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**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<br>No   | If 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<br>No                           |
| Fair Market Value of this Contribution                                |   |  |                                     |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No   | Is contributor a principal of state contractor or prospective state contractor?  | Yes<br>No                           |
| If yes, list Event#   | If yes, indicate which branch or branches of government the contract is with: |  | Executive<br>Legislative            |

**Total of Section M**

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

| NAME OF COMMITTEE                                 | TYPE OF REPORT                                |
|---|---|
| New Canaan Republican Town Committee              | 7th Day Preceding General Election - Original |
| <b>N. Refundable Deposit to Telephone Company</b> |   |

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

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                      |
|--|---|-------------------------------|--|----------------------|
| Name of Payee<br>IONOS                     |   | Date of Payment<br>10/02/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>100 N 18th St Ste 400    |   | City<br>Philidelphia          | State<br>PA  | Zip Code<br>19103    |
| Purpose of Expenditure (by code)<br>WEB    | Description<br>WEB HOSTING  |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$20.27    |
| Name of Payee<br>ANDREA CHALON PHOTOGRAPHY |   | Date of Payment<br>10/03/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>102 Weed St              |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840    |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>REPUBLICAN CANDIDATES PHOTOS   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$1,382.55 |
| Name of Payee<br>UNIVERSAL PRINTING        |   | Date of Payment<br>10/03/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>75 Ardmore St            |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>PRNT   | Description<br>100 TRIFOLDS FOR ELECTIONS   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$218.02   |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                          |
|--|---|-------------------------------|--|--------------------------|
| Name of Payee<br>FRONTIER COMMUNICATIONS CORP  |   | Date of Payment<br>10/05/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 509<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                          |
| Street Address<br>401 Merritt 7                |   | City<br>Norwalk               | State<br>CT  | Zip Code<br>06851        |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>RTC election HQ  |                               |  | Event #                  |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$156.02   |
| Name of Payee<br>NCHS                          |   | Date of Payment<br>10/05/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 510<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                          |
| Street Address<br>11 Farm Dr                   |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840        |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>HIGH SCHOOL RENTAL SPACE FOR ACUCUS  |                               |  | Event #                  |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$505.02   |
| Name of Payee<br>Newshound LLC                 |   | Date of Payment<br>10/05/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 511<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                          |
| Street Address<br>PO Box 531                   |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840        |
| Purpose of Expenditure (by code)<br><br>A-NEWS | Description<br>RTC BOE AD   |                               |  | Event #                  |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$1,450.00 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                      |
|--|---|-------------------------------|--|----------------------|
| Name of Payee<br>Newshound LLC             |   | Date of Payment<br>10/10/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 512<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>PO Box 531               |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840    |
| Purpose of Expenditure (by code)<br>A-NEWS | Description<br>FIRST SELECTMAN AD   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$1,125.00 |
| Name of Payee<br>CHRIS WILSON              |   | Date of Payment<br>10/10/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 513<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>176 Michigan Rd          |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840    |
| Purpose of Expenditure (by code)<br>Misc * | Description<br>POSTAGE, PRINTING, ENVELOPES, STICKERS, HQ SIGN, HQ SUPPLIES, MISC   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$6,278.37 |
| Name of Payee<br>A2V MEDIA                 |   | Date of Payment<br>10/12/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT     |                      |
| Street Address<br>61 Hemlock Hls N         |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>A-OTH  | Description<br>VIDEO FOR BOW SLATE AD   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$6,000.00 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|   |   |                               |  |                      |
|---|---|-------------------------------|--|----------------------|
| Name of Payee<br>UNIVERSAL PRINTING       |   | Date of Payment<br>10/13/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>75 Ardmore St           |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>PRNT  | Description<br>LAWN SIGNS PALM CARDS, BUS CARDS   |                               |  | Event #              |
| Expenditure # (if applicable)             | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$835.33   |
| Name of Payee<br>UNIVERSAL PRINTING       |   | Date of Payment<br>10/13/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>75 Ardmore St           |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>A-DM  | Description<br>TRIFOLD PRINT + POSTAGE + eddm mailing   |                               |  | Event #              |
| Expenditure # (if applicable)             | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$5,320.62 |
| Name of Payee<br>A2V MEDIA                |   | Date of Payment<br>10/18/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>61 Hemlock Hls N        |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>A-OTH | Description<br>DIONNA FOR 1ST SELECTMAN VIDEO   |                               |  | Event #              |
| Expenditure # (if applicable)             | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$3,000.00 |

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**P. Expenses Paid By Committee**

|  |   |                               |  |                      |
|--|---|-------------------------------|--|----------------------|
| Name of Payee<br>UNIVERSAL PRINTING        |   | Date of Payment<br>10/20/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT     |                      |
| Street Address<br>75 Ardmore St            |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>A-DM   | Description<br>BOE EDDM   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$4,431.75 |
| Name of Payee<br>MARIA WEINGARTEN          |   | Date of Payment<br>10/25/2023 | Method of Payment<br><input checked="" type="checkbox"/> Check # 517<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                      |
| Street Address<br>115 Lone Tree Farm Rd    |   | City<br>New Canaan            | State<br>CT  | Zip Code<br>06840    |
| Purpose of Expenditure (by code)<br>A-SIGN | Description<br>BIG DADDY ELECTION LAWN SIGNS  |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$983.06   |
| Name of Payee<br>UNIVERSAL PRINTING        |   | Date of Payment<br>10/25/2023 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT     |                      |
| Street Address<br>75 Ardmore St            |   | City<br>Fairfield             | State<br>CT  | Zip Code<br>06824    |
| Purpose of Expenditure (by code)<br>PRNT   | Description<br>BOE EDDM   |                               |  | Event #              |
| Expenditure # (if applicable)              | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$4,141.46 |

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

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  | TYPE OF REPORT                                |  |
| New Canaan Republican Town Committee   |  | 7th Day Preceding General Election - Original |  |
| <b>P. Expenses Paid By Committee</b>   |  |   |  |
| Name of Payee<br>UNIVERSAL PRINTING  |  | Date of Payment<br>10/25/2023                 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| Street Address<br>75 Ardmore St  |  | City<br>Fairfield                             | State<br>CT<br>Zip Code<br>06824   |
| Purpose of Expenditure (by code)<br>PRNT                                       | Description<br>DIONNA FOR 1ST SELECTMAN + STEVE KARK FOR SELECTMAN   |   | Event #  |
| Expenditure # (if applicable)  | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br>\$4,141.46   |
| <b>Total of Section P</b>  |  |   | <b>\$39,988.93</b>   |

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

|  |             |   |                                     |
|--|-------------|---|-------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |             | TYPE OF REPORT                                |                                     |
|  |             | 7th Day Preceding General Election - Original |                                     |
| <b>Q. Campaign Expenses Paid By Candidate</b>                                  |             |   |                                     |
| Name of Payee (Name of vendor, Person or Entity who candidate paid directly)   |             | Date of Payment                               | Is Reimbursement Claimed?<br>Yes No |
| Street Address   |             | City  | State<br>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                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**R. Expenses Incurred on Committee Credit Card**

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

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

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

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

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

|                           |  |
|---------------------------|--|
| <b>Total of Section R</b> |  |
|---------------------------|--|

**IV. EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

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

|                  |               |
|------------------|---------------|
| Name of Creditor | Date Incurred |
|------------------|---------------|

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

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

|                              |  |                                      |
|------------------------------|--|--------------------------------------|
| Expenditure# (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure)      Independent<br>Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D | Amount Incurred (Estimate or Actual) |
|------------------------------|--|--------------------------------------|

|                           |  |
|---------------------------|--|
| <b>Total of Section S</b> |  |
|---------------------------|--|

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

|  |   |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT                                |
| New Canaan Republican Town Committee   | 7th Day Preceding General Election - Original |

**T. Itemization of Reimbursements and Secondary Payees**

|                                |       |    |   |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
|--------------------------------|-------|----|---|

|  |   |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
|  | Check #                      Debit Card                      EFT          |

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

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

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

|                           |  |
|---------------------------|--|
| <b>Total of Section T</b> |  |
|---------------------------|--|

**Section L5. ADDENDUM**

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

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

|                                |  |
|--------------------------------|--|
| <b>Event #</b>                 |  |
| Name of Candidate or Committee |  |

**Section P. ADDENDUM**

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

**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 |

**Section S. ADDENDUM**

|   |                                 |  |
|---|---------------------------------|--|
| NAME OF COMMITTEE   |                                 | TYPE OF REPORT                           |
|   |                                 |  |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period - 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 |

**Section T. ADDENDUM**

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

**T. Itemization of Reimbursements and Secondary Payees - Addendum**

| <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 |                              |