

SEEC FORM 20

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



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE			
Berlin Republican Town Committee			
2. TREASURER NAME			
First Antonina	MI	Last DeDominicis	Suffix
3. TREASURER ADDRESS			
Street Address 27 Bluebird Ln	City Berlin	State CT	Zip Code 06037
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			
7th Day Preceding General Election - Original			
9. PERIOD COVERED			
Beginning Date		Ending Date	
10/01/2025		thru 10/26/2025	
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Antonina DeDominicis	10/27/2025 9:59:40AM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Berlin Republican Town Committee	7th Day Preceding General Election - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$11,455.53
12. Balance on hand at the beginning of Reporting Period	\$16,273.88	
13. Contributions received from Individuals (Section A and B)	\$2,235.00	\$12,857.74
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,235.00	\$12,857.74
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$18,508.88	\$24,313.27
19. Expenses Paid by Committee (Section P)	\$8,528.86	\$14,333.25
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$9,980.02	\$9,980.02
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$328.37	\$1,381.01
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$204.59	\$6,711.80
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$120.98	

I. MONETARY RECEIPTS (Section A-K)

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

\$735.00**B. Itemized Contributions from Individuals**

Last Name Borselle		First Name Jason		MI A
Residential Street Address 18 Kenton St		City Kensington	State CT	Zip Code 06037
Principal Occupation Owner		Name of Employer JMB Plumbing		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2025	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Berger		First Name Christina		MI
Residential Street Address 858 Chamberlain Hwy		City Kensington	State CT	Zip Code 06037
Principal Occupation Owner		Name of Employer Bergers Nursery		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Coppola		First Name Sandra		MI L
Residential Street Address 66 Heritage Dr		City Berlin	State CT	Zip Code 06037
Principal Occupation N/A		Name of Employer N/A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2025	Aggregate Contributions \$200.00	\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Whiteside		First Name Corey		MI
Residential Street Address 386 Main St		City East Berlin	State CT	Zip Code 06023
Principal Occupation CPA		Name of Employer Sound Community Service, Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2025	Aggregate Contributions \$531.00	\$100.00

Last Name Sullivan		First Name Christi		MI M
Residential Street Address 6 Woodbine Ct		City Berlin	State CT	Zip Code 06037
Principal Occupation Administrative Assistant		Name of Employer Town of Berlin		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2025	Aggregate Contributions \$100.00	\$100.00

Last Name Phelps		First Name Jim		MI
Residential Street Address 177 Windy Knoll Dr		City Berlin	State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10092025a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/08/2025	Aggregate Contributions \$235.00	\$100.00

Total of Section B **\$1,500.00****TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) (Total on Line 13 of Summary Page) **\$2,235.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT		
Berlin 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? If yes, list Event #			Yes No		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions			
Total of Section C1							

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE					TYPE OF REPORT	
Berlin 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 Reimbursement for shared expense Surplus Distribution			
Expenditure # (if applicable)	Description					
Total of Section C2						

I. MONETARY RECEIPTS (Section A-K)

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Berlin 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		

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin 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
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Total of Section F					
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I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Berlin Republican Town Committee	7th Day Preceding General Election - Original
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)	
Date of Receipt	Amount
Total of Section G	

I. MONETARY RECEIPTS (Section A-K)		
NAME OF COMMITTEE	TYPE OF REPORT	
Berlin Republican Town Committee	7th Day Preceding General Election - Original	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section H		

I. Monetary Receipts (Section A-K)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Berlin Republican Town Committee			7th Day Preceding General Election - Original	
J. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Total of Section J				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Berlin Republican Town Committee		7th Day Preceding General Election - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
Street Address		City	State Zip Code
Description			
Total of Section K			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Berlin Republican Town Committee		7th Day Preceding General Election - Original	
L1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code
<i>Subpart 1: (All Committees)</i>			
Was this event hosted at a personal residence?		Yes	(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.)
		No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
		No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)
		No	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes	(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)
		No	
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes	(If yes, enter Total Receipts here.)
		No	
Total of Section L1			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin 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:	
		Business Entity	Other
		Individual/Sole Proprietorship	
Street Address		City	State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase Amount of Sign Purchase
			Total of Section L3

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin 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 Sole Proprietorship	Date Received	Event # Aggregate value for this event	
			Total of Section L4

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

Name Jim Phelps			
Street Address 177 Windy Knoll Dr	City Berlin	State CT	Zip Code 06037
Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other	Date Received 10/09/2025	Aggregate contributions \$563.37	Description of In-Kind Contribution Pizza & Soda for Oct. 1st Truck Bar Meet & Greet
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		\$328.37

Total of Section M

\$328.37

III. Non Monetary Receipts (Sections M - O)

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

N. Refundable Deposit to Telephone Company

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

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin Republican Town Committee	7th Day Preceding General Election - Original
P. Expenses Paid By Committee	

Name of Payee Spectrum Marketing Companies	Date of Payment 10/03/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 95 Eddy Rd Ste 101	City Manchester	State NH	Zip Code 03102

Purpose of Expenditure (by code) A-DM	Description Quantity (6,632) 11"X6" campaign mailers	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$4,642.40
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Name of Payee Vistaprint	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address On-Line Order	City Berlin	State CT	Zip Code 06037

Purpose of Expenditure (by code) PRNT	Description Rack Cards for John Diakun (qty 1,000), for John Frink (qty 1,000) and Voting information (qty 1,000), Republican Team (qty 1,000)	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$743.35
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Name of Payee Amazon	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address on line	City Berlin	State CT	Zip Code 06037

Purpose of Expenditure (by code) OVHD	Description Two Easel Stands and Quantity (500) Door Knob Hanger Bags	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$54.22
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IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin Republican Town Committee	7th Day Preceding General Election - Original
P. Expenses Paid By Committee	

Name of Payee Alliance Graphics, Inc.		Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 16 Progress Cir		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) PRNT	Description Quantity (1,000) Mayor Kaczynski TriFolds			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$437.21
Name of Payee Sams Club		Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3465 Berlin Tpke		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) FOOD	Description Candy and Water for Berlin Fair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$143.29
Name of Payee Staples		Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 627 Queen St .		City Southington	State CT	Zip Code 06489
Purpose of Expenditure (by code) PRNT	Description Quantity (2) 20"X16" Posters			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$35.10

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin Republican Town Committee	7th Day Preceding General Election - Original
P. Expenses Paid By Committee	

Name of Payee Staples	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 627 Queen St .	City Southington	State CT	Zip Code 06489
Purpose of Expenditure (by code) PRNT	Description 18" X 24" Poster	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$17.55	
Name of Payee Staples	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 627 Queen St .	City Southington	State CT	Zip Code 06489
Purpose of Expenditure (by code) PRNT	Description 24" X 36" Poster	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$35.10	
Name of Payee WiX.com	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address On-Line Subscription	City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) WEB	Description Annual Website Fee	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$370.09	

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Berlin Republican Town Committee	7th Day Preceding General Election - Original
P. Expenses Paid By Committee	

Name of Payee Staples	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 627 Queen St .	City Southington	State CT	Zip Code 06489
Purpose of Expenditure (by code) PRNT	Description 16" X 20" Poster	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$17.55	
Name of Payee Walmart	Date of Payment 10/14/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 161 Berlin Rd	City Cromwell	State CT	Zip Code 06416
Purpose of Expenditure (by code) OFFICE	Description Printer Ink Cartridges- Quantity (2)	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$134.00	
Name of Payee CVS	Date of Payment 10/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1055 Farmington Ave	City Kensington	State CT	Zip Code 06037
Purpose of Expenditure (by code) Gift *	Description Visa Gift Cards for Annual BRTC Raffle	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$1,550.63	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee U S Postal		Date of Payment 10/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 62 Kensington Rd		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) POST	Description PO Box Annual Fee			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$210.00
Name of Payee Mozzicato Bakery		Date of Payment 10/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 412 Cromwell Ave .		City Rocky Hill	State CT	Zip Code 06067
Purpose of Expenditure (by code) FOOD	Description Pastry for BRTC Member Death in Family			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$41.98
Name of Payee Deb Reed		Date of Payment 10/21/2025	Method of Payment <input checked="" type="checkbox"/> Check # 266 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 71 Magnolia Ln		City East Berlin	State CT	Zip Code 06023
Purpose of Expenditure (by code) Gift *	Description Flowers for BRTC Member in Recovery			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$96.39

Total of Section P

\$8,528.86

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	
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
Total of Section Q			

IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Webster Bank	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor, Person or Entity Sign Pro, Inc.	Date of Transaction 10/02/2025
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Street Address 60 Westfield Dr	City Plantsville	State CT	Zip Code 06479
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Purpose of Expenditure (by code) A-SIGN	Description 50% balance on quantity (4) 47.5"H X 47.5"W campaign signs	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$120.98
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Name of Issuing Institution Webster Bank	Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
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Name of Vendor, Person or Entity Sam's Club	Date of Transaction 10/24/2025
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Street Address 3465 Berlin Tpke	City Newington	State CT	Zip Code 06111
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Purpose of Expenditure (by code) FOOD	Description Candy for Farmington Ave. Trick or Treat	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$83.61
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Total of Section R	\$204.59
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IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Berlin 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)		Amount Incurred (Estimate or Actual)
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D		
Total of Section S			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Berlin 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
Deb	George	Reed	10/03/2025
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P	
Brierley-Johnson The Florist		<input checked="" type="checkbox"/> Check # 266 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State Zip Code
87 High Rd		Kensington	CT 06037
Purpose of Expenditure (by code)	Description		Event #
Gift *	Flowers for BRTC Member in Recovery		
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		\$96.39
Total of Section T			\$96.39

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate or Committee	

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

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

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

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