

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			
Old Lyme Republican Town Committee			
2. TREASURER NAME			
First Andy	MI	Last Russell	Suffix
3. TREASURER ADDRESS			
Street Address 8 Swanswood Ln	City Old Lyme	State CT	Zip Code 06371
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	Andy Russell	10/27/2025 8:22:47PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p>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.</p>			

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	
Old Lyme 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		\$23,130.10
12. Balance on hand at the beginning of Reporting Period	\$28,969.26	
13. Contributions received from Individuals (Section A and B)	\$2,970.00	\$40,845.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$500.00
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)	\$1,000.00	\$1,000.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$3,970.00	\$42,345.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$32,939.26	\$65,475.10
19. Expenses Paid by Committee (Section P)	\$9,406.52	\$41,942.36
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$23,532.74	\$23,532.74
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$2,155.13
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$3,000.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$1,412.09
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

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

\$620.00**B. Itemized Contributions from Individuals**

Last Name NICHELE		First Name ELLEN		MI L
Residential Street Address 1 Woodridge Hills Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Personal Training for Chronic Disease		Name of Employer Self Employed		
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 type="checkbox"/> Personal Check <input checked="" 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 Avery		First Name Hollie		MI L
Residential Street Address 77 Grassy Hill Rd		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Sr. Analyst		Name of Employer Superior Plus Propane		
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2025	Aggregate Contributions \$50.00	\$50.00

Last Name Sulmasy		First Name Glenn		MI
Residential Street Address 10 Seaside La .		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Lawyer-Consultant		Name of Employer Self employed		
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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 10/02/2025	Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name Tinnerello		First Name Tammy		MI
Residential Street Address 43 Whippoorwill Rd .		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Realtor		Name of Employer Sotheby's		
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 10/15/2025	Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Canaday		First Name Siesel		MI
Residential Street Address 11 River Bend Rd .		City Old Lyme	State CT	Zip Code 06371
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 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 10/15/2025	Aggregate Contributions \$1,000.00	\$1,000.00
Total of Section B			\$2,350.00	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$2,970.00	

(Sections A & B)

(Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Old Lyme 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				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Old Lyme 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
Total of Section F					

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Old Lyme 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	
Old Lyme 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	
Old Lyme 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	
Old Lyme 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					
Total of Section K					

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

Name of Purchaser Nancy Mesham Team at Coldwell Banker Realty				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 86 Halls Rd		City Old Lyme		State CT	Zip Code 06371
Date Received 10/01/2025	Event # 10152025c	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase	Amount of Sign Purchase \$250.00	

Name of Purchaser Mastroianni LLC				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 144 Neck Rd		City Old Lyme		State CT	Zip Code 06371
Date Received 10/01/2025	Event # 10152025c	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase	Amount of Sign Purchase \$250.00	

Name of Purchaser Antonio's Hair Design				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 59 Williams St		City Mystic		State CT	Zip Code 06355
Date Received 10/01/2025	Event # 10152025c	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase	Amount of Sign Purchase \$250.00	

Name of Purchaser D Carney & Associates				Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship	
Street Address 100 Halls Rd		City Old Lyme		State CT	Zip Code 06371
Date Received 10/01/2025	Event # 10152025c	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase	Amount of Sign Purchase \$250.00	

Total of Section L3	\$1,000.00
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II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Old Lyme 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	Date Received	Event #	
Individual	Aggregate value for this event		
Sole Proprietorship			

Total of Section L4

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Old Lyme 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
Old Lyme 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 No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?	Yes No	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative	

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee Comcast		Date of Payment 10/06/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address PO Box 70219		City Philadelphia		State PA	Zip Code 19176
Purpose of Expenditure (by code) OVHD	Description Internet service			Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$220.84	
Name of Payee Quality Printers		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1402 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 15 Shaw St		City New London		State CT	Zip Code 06320
Purpose of Expenditure (by code) POST	Description BOE\BOF canidate mailing postage			Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$795.06	
Name of Payee Quality Printers		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1402 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address 15 Shaw St		City New London		State CT	Zip Code 06320
Purpose of Expenditure (by code) A-SIGN	Description BOE\BOF mailing printing expense			Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount	
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$813.84	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Quality Printers		Date of Payment 10/07/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1402 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London		State CT
Zip Code 06320				
Purpose of Expenditure (by code) A-SIGN	Description Lawn signs			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 \$638.10
Name of Payee Quality Printers		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1405 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London		State CT
Zip Code 06320				
Purpose of Expenditure (by code) POST	Description Postage for Ballot/Candidates			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 \$721.78
Name of Payee Quality Printers		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1405 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London		State CT
Zip Code 06320				
Purpose of Expenditure (by code) A-DM	Description Printing post cards Ballot/Candidates			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 \$765.72

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Quality Printers		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1403 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) POST	Description Postage for Early voting post card			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 \$1,644.28
Name of Payee Quality Printers		Date of Payment 10/14/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1403 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) A-DM	Description Printing Early voting post cards			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 \$561.82
Name of Payee Exact Digital Media LLC		Date of Payment 10/15/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1406 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Clover Ct		City Avon	State CT	Zip Code 06001
Purpose of Expenditure (by code) A-OTH	Description e-mail marketing and creative preparation for that marketing			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 \$1,252.27

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee Quality Printers		Date of Payment 10/17/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) POST	Description Postage for Opportunity mailer			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 \$941.46
Name of Payee Quality Printers		Date of Payment 10/17/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 15 Shaw St		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) A-DM	Description Printing for Opportunity mailer			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 \$1,051.35

Total of Section P

\$9,406.52

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
Old Lyme Republican Town Committee			7th Day Preceding General Election - Original
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code
Purpose of Expenditure (by code)	Description	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked)		Amount
	None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D		
Total of Section R			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Old Lyme 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 (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D		Amount Incurred (Estimate or Actual)
Total of Section S			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Old Lyme 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 (<i>Itemization in Addendum T Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D		Amount
Total of Section T			

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

Section P. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
P. Expenses Paid By Committee - Addendum		
Expenditure #	Supported	Opposed
		Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated?	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