

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 | | | |
| Newington Republican Town Committee | | | |
| 2. TREASURER NAME | | | |
| First David | MI | Last Hourigan | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 30 Candlewyck Dr | City Newington | State CT | Zip Code 06111 |
| 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 | David Hourigan | 10/27/2025 12:41:42PM | |
| 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 | |
|---|--|-----------------------|
| Newington 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 | | \$3,340.12 |
| 12. Balance on hand at the beginning of Reporting Period | \$14,961.48 | |
| 13. Contributions received from Individuals (Section A and B) | \$7,000.00 | \$27,645.60 |
| 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 | \$320.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$750.00 | \$750.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$7,750.00 | \$28,715.60 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$22,711.48 | \$32,055.72 |
| 19. Expenses Paid by Committee (Section P) | \$17,814.97 | \$27,159.21 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$4,896.51 | \$4,896.51 |
| 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) | \$213.50 | \$1,136.78 |
| 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 |
| Newington 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 DiMartino | | First Name Terry | | MI J |
| Residential Street Address 12 Cedar Rdg | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Consultant | | Name of Employer Turgeon Ins. Svcs | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Doffek | | First Name Michelle | | MI M |
| Residential Street Address 117 Leonard Rd | | City Stafford Springs | State CT | Zip Code 06076 |
| Principal Occupation Operations manager | | Name of Employer Hedberg Wealth Management | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Donahue | | First Name Peter | | MI |
| Residential Street Address 39 Bittersweet HI | | City Wethersfield | State CT | Zip Code 06107 |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|---------------------------------------|------------------------|
| Last Name Hedberg | | First Name Jeffery | | MI |
| Residential Street Address 15150 Canongate Dr | | City Fort Myers | State FL | Zip Code 33912 |
| Principal Occupation Financial Advisor | | Name of Employer Hedberg Wealth Management | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$2,000.00 | |
| \$2,000.00 | | | | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Hedberg | | First Name Lauren | | MI D |
| Residential Street Address 43 Jeffrey Ln | | City Newington | State CT | Zip Code 06111 |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$200.00 | |
| \$200.00 | | | | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Hipp | | First Name Jason | | MI E |
| Residential Street Address 54 Woodmere Rd | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Financial Analyst | | Name of Employer Unemployed | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$150.00 | |
| \$150.00 | | | | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Johnson | | First Name David | | MI M |
| Residential Street Address 17 Cinnamon Rd | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Insurance | | Name of Employer Sethan Enterprises LLC | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Manke | | First Name Nancy | | MI P |
| Residential Street Address 65 Rosewood Dr | | City Newington | State CT | Zip Code 06111 |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Moore | | First Name Devin | | MI |
| Residential Street Address 4108 Flanagan Dr | | City Glastonbury | State CT | Zip Code 06033 |
| Principal Occupation Client Servcies | | Name of Employer Hedberg Wealth Management | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|-------------------------------------|-------------------|
| Last Name Nagel | | First Name Jerilyn | | MI |
| Residential Street Address 1175 Willard Ave | | City Newington | State CT | Zip Code 06111 |
| 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>10072025a</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 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 10/07/2025 | Aggregate Contributions \$200.00 | \$100.00 |

| | | | | |
|---|---|---|-------------------------------------|-------------------|
| Last Name Terranova | | First Name Giuseppe | | MI A |
| Residential Street Address 43 Harris Dr | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Financial Advisor | | Name of Employer Hedberg Wealth Management | | |
| 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>10072025a</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 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 10/07/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|---|---------------------------------------|---------------------------------------|-------------------|
| Last Name Turgeon | | First Name Maxwell | | MI |
| Residential Street Address 45 Woodland St | | City Glastonbury | State CT | Zip Code 06109 |
| Principal Occupation Owner | | Name of Employer Turgeon Ins. Svcs | | |
| 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>10072025a</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 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 10/07/2025 | Aggregate Contributions \$1,900.00 | \$1,900.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--------------------------------------|-------------------------------------|------------------------|
| Last Name Turgeon | | First Name Michael | | MI D |
| Residential Street Address 80 Patriot Ln | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Owner | | Name of Employer Turgeon Jewelers | | |
| 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>10072025a</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 10/07/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name Vicinskas | | First Name Vincent | | MI |
| Residential Street Address 40 Old Musket | | City Newington | State CT | Zip Code 06111 |
| 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>10072025a</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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/07/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Donahue | | First Name John | | MI |
| Residential Street Address 28 Maple Hill Ave | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation IT Architect | | Name of Employer Kyndryl | | |
| 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>10072025a</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 type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/07/2025 | Aggregate Contributions \$350.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name DelBuono | | First Name Beth | | MI |
| Residential Street Address 327 Walsh Ave | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Speech pathologist | | Name of Employer CREC | | |
| 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>10072025a</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 | | Amount of Contribution | |
| 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 10/07/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Trumbull Sr | | First Name Tom SR | | MI |
| Residential Street Address 1615 Willard Ave | | City Newington | State CT | Zip Code 06111 |
| 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>10072025a</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 | | Amount of Contribution | |
| 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 10/07/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Santopietro | | First Name Jeffery | | MI |
| Residential Street Address 34 Southgate Rd | | City Waterbury | State CT | Zip Code 06708 |
| 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>10072025a</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 | | Amount of Contribution | |
| 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 10/07/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|------------------------------------|--|--------------------------|
| Last Name Manke | | First Name Tim | | MI |
| Residential Street Address 65 Rosewood Dr | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 checked="" 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 10/11/2025 | Aggregate Contributions \$1,750.00 | \$500.00 |

| | | | | |
|---|--|------------------------------------|--|--------------------------|
| Last Name Forcellina | | First Name Peter | | MI |
| Residential Street Address 309 Candlewyck Dr | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 10/23/2025 | Aggregate Contributions \$150.00 | \$50.00 |

| | | | | |
|---|--|------------------------------------|--|--------------------------|
| Last Name DelBuono | | First Name Beth | | MI |
| Residential Street Address 327 Walsh Ave | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Speech pathologist | | Name of Employer CREC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | If contribution is in excess of \$400 to a candidate 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 10/23/2025 | Aggregate Contributions \$300.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Newington Republican Town Committee | 7th Day Preceding General Election - Original |
| B. Itemized Contributions from Individuals | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Wiltshire | | First Name Jim | | MI |
| Residential Street Address 47 Church St | | City Newington | State CT | Zip Code 06111 |
| Principal Occupation Ind Rep | | Name of Employer self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate 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 10/24/2025 | Aggregate Contributions \$200.00 | |
| Total of Section B | | | | \$7,000.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page) | | | | \$7,000.00 |

I. MONETARY RECEIPTS (Section A-K)

| | | |
|--|---|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
| Newington 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 If yes, list Event # | 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 |
| Newington 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 |
| Newington Republican Town Committee | 7th Day Preceding General Election - Original |

D. Loans Received this Period

| | | | | | |
|--|---|-------|----------|---|-----------------|
| Name of Lender | Source of Loan: Bank Candidate Individual Other | | | | Date of Receipt |
| 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 | |
| Newington Republican Town Committee | | | 7th Day Preceding General Election - Original | |
| E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>) | | | | |
| 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 | |
| Newington Republican Town Committee | | | 7th Day Preceding General Election - Original | |
| F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>) | | | | |
| Date of Receipt | Is this transaction associated with an event reported in Section L1? | | | Amount |
| | Yes | No | If yes, list Event # | |
| Total of Section F | | | | |

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

| I. MONETARY RECEIPTS (Section A-K) | | | |
|--|-------------------|----------------|---|
| NAME OF COMMITTEE | | | TYPE OF REPORT |
| Newington 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 | |
| Newington 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 | |
| Newington 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 |
| Newington Republican Town Committee | 7th Day Preceding General Election - Original |

L1. Event Information

| | | | | |
|---|-------------|--|--|-------------------------------------|
| Event # Date of Event 10/07/2025 | Letter a | Description Other Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address 944 Main St | | City Newington | State CT | Zip Code 06111 |
| <i>Subpart 1: (All Committees)</i> | | | | |
| Was this event hosted at a personal residence? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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> | |
| 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 <input checked="" type="checkbox"/> No | <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> | |
| 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 <input checked="" type="checkbox"/> No | <i>(If yes, enter Total Receipts here.)</i> | <input type="text" value="\$0.00"/> |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> | |
| <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 <input checked="" type="checkbox"/> No | <i>(If yes, enter Total Receipts here.)</i> | <input type="text" value="\$0.00"/> |
| Total of Section L1 | | | \$0.00 | |

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

| | | | | |
|--------------------------------------|----------------------|--|---|-------------------------|
| Name of Purchaser Dolphins 72 | | Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | | |
| Street Address 15150 Canongate Dr | | City Ft Myers | State FL | Zip Code 33912 |
| Date Received 10/07/2025 | Event # 10072025a | Aggregate Purchases for All Events \$250.00 | Amount of Program Ad Purchase \$250.00 | Amount of Sign Purchase |

| | | | | |
|--|----------------------|--|---|-------------------------|
| Name of Purchaser Newington Financial LLC | | Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | | |
| Street Address Newington | | City Newington | State CT | Zip Code 06111 |
| Date Received 10/07/2025 | Event # 10072025a | Aggregate Purchases for All Events \$250.00 | Amount of Program Ad Purchase \$250.00 | Amount of Sign Purchase |

| | | | | |
|---|----------------------|--|---|-------------------------|
| Name of Purchaser Turgeon Insurance Services | | Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship | | |
| Street Address 944 Main St | | City Newington | State CT | Zip Code 06111 |
| Date Received 10/07/2025 | Event # 10072025a | Aggregate Purchases for All Events \$250.00 | Amount of Program Ad Purchase \$250.00 | Amount of Sign Purchase |

| | |
|----------------------------|-----------------|
| Total of Section L3 | \$750.00 |
|----------------------------|-----------------|

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

| | | | | |
|--|---|-------------------------------------|---|-------------------|
| Name Terry J DiMartino | | | | |
| Street Address 12 Cedar Ridge Rd | | City Newington | State CT | Zip Code 06111 |
| Type of Contributor: <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Other | Date Received 10/07/2025 | Aggregate contributions \$213.50 | Description of In-Kind Contribution Food and Bev | |
| 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 type="checkbox"/> No | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list Event# <u>10072025a</u> | | Is contributor a principal of state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | \$213.50 | |

Total of Section M

\$213.50

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|--|--------------------|
| Name of Payee Yard Signs Plus | | Date of Payment 10/01/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10511 Kipp Way | | City Houston | State TX | Zip Code 77099 |
| 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 \$936.60 |
| Name of Payee Yard Signs Plus | | Date of Payment 10/01/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10511 Kipp Way | | City Houston | State TX | Zip Code 77099 |
| 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 \$144.00 |
| Name of Payee Yard Signs Plus | | Date of Payment 10/01/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10511 Kipp Way | | City Houston | State TX | Zip Code 77099 |
| 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 \$85.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|---|-------------------------------|---|--------------------|
| Name of Payee USPS | | Date of Payment 10/04/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 75 Lowery Pl | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expenditure (by code) POST | Description Postage | | | 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 \$93.60 |
| Name of Payee Dupli Envelope | | Date of Payment 10/04/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1009 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 124 Francis Ave | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expenditure (by code) A-OTH | Description Flyers | | | 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 \$708.48 |
| Name of Payee Yard Signs Plus | | Date of Payment 10/04/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10511 Kipp Way | | City Houston | State TX | Zip Code 77099 |
| Purpose of Expenditure (by code) POST | Description Postage | | | 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 \$85.99 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|--------------------|
| Name of Payee Rare Reminder | | Date of Payment 10/07/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1010 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 222 Dividend Rd | | City Rocky Hill | | State CT |
| Zip Code 06067 | | | | |
| Purpose of Expenditure (by code) A-NEWS | Description Ad | | | 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 \$149.00 |
| Name of Payee Fedex printing | | Date of Payment 10/15/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3123 Berlin Tpke | | City Newington | | State CT |
| Zip Code 06111 | | | | |
| Purpose of Expenditure (by code) PRNT | Description Ad | | | 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 \$22.06 |
| Name of Payee Fedex printing | | Date of Payment 10/16/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 3123 Berlin Tpke | | City Newington | | State CT |
| Zip Code 06111 | | | | |
| Purpose of Expenditure (by code) PRNT | Description Ad | | | 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 \$38.90 |

IV. EXPENDITURES (Sections P - T)

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

| | | | |
|---------------------------------|-------------------------------|--|-------------------|
| Name of Payee Community Room | 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 39 E Cedar St | City Newington | State CT | Zip Code 06111 |

| | | |
|--|-------------------------------|---------|
| Purpose of Expenditure (by code) FNDR * | Description Meet and Greet | 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 | \$107.35 |

| | | | |
|--------------------------------|-------------------------------|--|-------------------|
| Name of Payee Roosters | 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 1076 Main St | City Newington | State CT | Zip Code 06111 |

| | | |
|--|-------------------------------|---------|
| Purpose of Expenditure (by code) FNDR * | Description Meet and Greet | 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 | \$107.35 |

| | | | |
|-------------------------------------|-------------------------------|---|-------------------|
| Name of Payee John Donahue | Date of Payment 10/17/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1012 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 28 Maple Hill Ave | City Newington | State CT | Zip Code 06111 |

| | | |
|--|---------------------------|---------|
| 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) | 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 | \$485.29 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|---|-------------------------------|--|----------------------|
| Name of Payee Spectrum | | Date of Payment 10/23/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input 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 Ad | | | 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 \$3,910.60 |
| Name of Payee Spectrum | | Date of Payment 10/23/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input 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 Ad | | | 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 \$2,426.58 |
| Name of Payee Turley | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address PO Box 725 | | City Farmington | | State CT |
| Zip Code 06034 | | | | |
| Purpose of Expenditure (by code) A-MAG | Description Ad | | | 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 \$1,540.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|--|----------------------|
| Name of Payee Spectrum | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input 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 Ad | | | 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 \$3,910.60 |
| Name of Payee Spectrum | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input 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 Ad | | | 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 \$2,426.58 |
| Name of Payee USPS | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 75 Lowery Pl | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expenditure (by code) POST | Description Postage | | | 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 \$16.52 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|--------------------|
| Name of Payee Yard Signs | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 10511 Kipp Way | | City Houston | State TX | Zip Code 77099 |
| 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 \$145.18 |
| Name of Payee USPS | | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 75 Lowery Pl | | City Newington | State CT | Zip Code 06111 |
| Purpose of Expenditure (by code) POST | Description Postage | | | 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 \$31.20 |
| Name of Payee Rare Reminder | | Date of Payment 10/24/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1013 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 222 Dividend Rd | | City Rocky Hill | State CT | Zip Code 06067 |
| Purpose of Expenditure (by code) A-NEWS | Description Ad | | | 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 \$406.29 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | |
|---|---|--|--------------------|
| Name of Payee Anedot | Date of Payment 10/24/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 3273 Greenville Ave | City Dallas | State TX | Zip Code 75206 |
| Purpose of Expenditure (by code) CCP | Description Anedot Fees | 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 \$37.80 | |
| Total of Section P | | | \$17,814.97 |

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 | |
| Newington 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) 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 R | | | |

| IV. EXPENDITURES | | | |
|--|--|---|--------------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | |
| Newington 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) 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 | | | |

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? Yes No | Aggregating Committees | | |

Section R. ADDENDUM

| | | | |
|---|-------------------------------|--|------------------------------|
| NAME OF COMMITTEE | | TYPE OF REPORT | |
| | | | |
| R. Expenses Incurred on Committee Credit Card - Addendum | | | |
| Expenditure # | Supported | Opposed | Amount of Expenditure |
| 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 |