# 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

**Stamford Republican Town Committee**

2. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **James** | | **Malerba** | |

3. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **1304 Shippan Ave** | **Stamford** | **CT** | **06902** |

| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUGHT *(Complete only if Candidate Committee)* | 6. DISTRICT NUMBER *(if applicable)* |
|---|---|---|
| | | |

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

| 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

☑ 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** | **James Malerba** | **10/28/2025 8:48:06PM** |
|---|---|---|
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED |

**A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.**

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|---|---|
| **Stamford Republican Town Committee** | **7th Day Preceding General Election - Original** | |
| | COLUMN A<br>This Period | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees | | **$11,414.01** |
| 12. Balance on hand at the beginning of Reporting Period | **$23,741.92** | |
| 13. Contributions received from Individuals (Section A and B) | **$416.98** | **$31,456.29** |
| 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 Puchases (Section L1 Subpart 1 + Subpart 3) | **$0.00** | **$0.00** |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | **$0.00** | **$0.00** |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | **$416.98** | **$31,456.29** |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | **$24,158.90** | **$42,870.30** |
| 19. Expenses Paid by Committee (Section P) | **$5,035.07** | **$23,746.47** |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | **$19,123.83** | **$19,123.83** |
| 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) | **$0.00** | **$2,000.00** |
| 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 |
|---|---|
| Stamford 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 | First Name | MI |
|---|---|---|
| Andreana | Joseph | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 51 Halpin Ave | Stamford | CT | 06905 |

| Principal Occupation | Name of Employer |
|---|---|
| Manager | PMI |

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 associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☒ No

Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No

If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount of Contribution

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

| Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|
| 10/04/2025 | $869.59 | $416.98 |

| | |
|---|---|
| **Total of Section B** | **$416.98** |
| **TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) *(Total on Line 13 of Summary Page)* | **$416.98** |

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

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

### C1. Contributions from Other Committees

| Name of Committee | Name of Treasurer |
|---|---|
| | |

| Address | Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes | No | Amount of Contribution |
|---|---|---|---|---|
| | | | | |

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| | | | | |

| | |
|---|---|
| **Total of Section C1** | |

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

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

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

| Name of Committee | | | Name of Treasurer | |
|---|---|---|---|---|
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Payment Type<br>Reimbursement for shared expense<br>Surplus Distribution | |
| Expenditure # (if applicable) | Description | | | |
| | | | **Total of Section C2** | |

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

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

### D. Loans Received this Period

| Name of Lender | Source of Loan:<br>Bank Candidate Individual Other | | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford 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 |
|---|---|---|---|
| | | | |

| | | |
|---|---|---|
| *Subpart 1: (All Committees)*<br>Was this event hosted at a personal residence? | Yes<br>No | *(If yes*, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.) |
| 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<br>No | *(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) |
| Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? | Yes<br>No | *(If yes*, enter Total Receipts here.) |
| *Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)*<br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | Yes<br>No | *(If yes*, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.) |
| *Subpart 3: (Town Committees ONLY)*<br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | Yes<br>No | *(If yes*, enter Total Receipts here.) |

| **Total of Section L1** | |
|---|---|

## II. EVENT ACTIVITY (Sections L1 - L5)

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

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

| Name of Purchaser | Purchase Made By:<br>**Business Entity** **Other**<br>**Individual/Sole Proprietorship** |
|---|---|

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

| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase |
|---|---|---|---|---|
| | | | | |

| **Total of Section L3** | |
|---|---|

## II. EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Stamford 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<br>Individual<br>Sole Proprietorship | Date Received | Event # | Aggregate value for this event | |

| | |
|---|---|
| **Total of Section L4** | |

## II.EVENT ACTIVITY (Sections L1 - L5)

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

### M. In-Kind Contributions

Name

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

| Type of Contributor: Committee / Individual / Sole Proprietorship / Other | Date Received | Aggregate contributions | Description of In-Kind Contribution |
|---|---|---|---|
| | | | |

| 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<br>If yes, list Event# | Is contributor a principal of state contractor or prospective state contractor? Yes / No<br>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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford Republican Town Committee | 7th Day Preceding General Election - Original |

### P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Anedot.com | 10/04/2025 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 84314 | Baton Rouge | LA | 70884 |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [x] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $16.98 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| www.signsonthecheap.com | 10/08/2025 | [ ] Check # [x] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 11525 Stonehollow Dr | Unknown | TX | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| A-SIGN | Yard Signs | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [x] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $409.45 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Proforma Promotional Consultants | 10/09/2025 | [x] Check # 3297 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 640814 | Cincinnati | OH | 42564 |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [x] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $370.36 |

# IV. EXPENDITURES (Sections P - T)

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

## P. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| wix.com | 10/17/2025 | [ ] Check # [X] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 40 Namal | Tel Aviv | IS | |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $38.28 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Ct Gop | 10/23/2025 | [X] Check # 3298 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 98 Washington St St 203 | Middletown | CT | 06457 |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $4,000.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Erin Stavens | 10/23/2025 | [X] Check # 3299 [ ] Debit Card [ ] EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 211 Charter Rd | Tolland | CT | 06084 |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | [X] None of the below<br>[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent<br>[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D | $200.00 |

| Total of Section P | $5,035.07 |
|---|---|

## 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 |
|---|---|
| Stamford 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 |
|---|---|
| Stamford Republican Town Committee | 7th Day Preceding General Election - Original |

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

| Name of Creditor | | | Date Incurred | |
|---|---|---|---|---|
| Street Address | | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | | Event # |
| Expenditure# (if applicable) | Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure) Independent<br>Coordinated without reimbursement sought (in-kind contribution Organization : A B C D | | | Amount Incurred (Estimate or Actual) |
| | | | **Total of Section S** | |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Stamford 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<br>Check # Debit Card EFT | | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # |
| Expenditure # | Type of Expenditure ( Itemization in Addendem T Required unless "None of the below" is checked)<br>None of the below<br>Coordinated with reimbursement sought (joint expenditure) Independent<br>Coordinated without reimbursement sought (in-kind contribution) Organization: A B C D | | Amount |
| | | **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? **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 | Amount of Expenditure |
|---|---|---|
| | | |

| 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 | Amount of Expenditure |
|---|---|---|
| | | |

| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
|---|---|---|
| | | |