

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 | | | |
| Litchfield Republican Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Joseph | MI T | Last Scott | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 5 School House Rd | City Northfield | State CT | Zip Code 06778 |
| 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 - Amendment | | | |
| 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 | Joseph Scott | 10/28/2025 10:56:55PM | |
| 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 | |
|---|---|-----------------------|
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment | |
| | 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 | | \$3,548.19 |
| 12. Balance on hand at the beginning of Reporting Period | \$7,970.01 | |
| 13. Contributions received from Individuals (Section A and B) | \$3,811.00 | \$15,369.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$1,000.00 |
| 15. Other Monetary Receipts (Section D through K) | \$0.00 | \$0.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | \$0.00 | \$0.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$0.00 | \$0.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$3,811.00 | \$16,369.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$11,781.01 | \$19,917.19 |
| 19. Expenses Paid by Committee (Section P) | \$6,302.41 | \$14,438.59 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$5,478.60 | \$5,478.60 |
| 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 | \$339.03 |
| 23. In-Kind Contributions Received (Section M) | \$0.00 | \$0.00 |
| 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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

| | | |
|--|---------------------------|-------------------|
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A | \$1,071.00 |
|--|---------------------------|-------------------|

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Sauer | | First Name Norman | | MI |
| Residential Street Address 39 Beecher Ln | | City Litchfield | State CT | Zip Code 06759 |
| Principal Occupation Consultant | | Name of Employer Norman Sauer consulting | | |
| 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>10032025A</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 10/03/2025 | Aggregate Contributions \$110.00 | \$110.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Odom | | First Name Stacey | | MI |
| Residential Street Address 5801 Southern Hills Dr | | City Flower Mound | State TX | Zip Code 75022-6536 |
| 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>10032025A</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 10/03/2025 | Aggregate Contributions \$250.00 | \$200.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Odom | | First Name Stacey | | MI |
| Residential Street Address 5801 Southern Hills Dr | | City Flower Mound | State TX | Zip Code 75022-6536 |
| 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>10032025A</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 10/03/2025 | Aggregate Contributions \$250.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--------------------------------|-------------------------------------|------------------------|
| Last Name Odom | | First Name Jonathan | | MI |
| Residential Street Address 5801 Southern Hills Dr | | City Flower Mound | State TX | Zip Code 75022-6536 |
| Principal Occupation Unemployed | | 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>10032025A</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 10/03/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|-----------------------------------|-------------------------------------|------------------------|
| Last Name Wheeler | | First Name Mathew | | MI |
| Residential Street Address 150 W Side Rd | | City Goshen | State CT | Zip Code 06756 |
| Principal Occupation Farmer | | Name of Employer Self-Employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10032025A</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 10/03/2025 | Aggregate Contributions \$380.00 | \$380.00 |

| | | | | |
|---|--|-----------------------------------|-------------------------------------|------------------------|
| Last Name Ardussi | | First Name Steve | | MI |
| Residential Street Address 8 Peach Orchard Ln | | City Bantam | State CT | Zip Code 06750 |
| Principal Occupation Insurance broker | | Name of Employer Self Employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10032025A</u> <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 10/03/2025 | 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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Gadomski | | First Name Sara | | MI |
| Residential Street Address 34 Goodwin Hill Rd | | City Litchfield | State CT | Zip Code 06759 |
| 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 # <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 10/10/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Ahern | | First Name Ed | | MI |
| Residential Street Address 49 Lawrence Ln | | City Torrington | State CT | Zip Code 06790 |
| 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 # <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 10/11/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Miner | | First Name Craig | | MI |
| Residential Street Address 230 E Chestnut Hill Rd . | | City Litchfield | State CT | Zip Code 06759 |
| Principal Occupation State Auditor | | Name of Employer State of Connecticut | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/15/2025 | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Samponaro | | First Name Philip | | MI G |
| Residential Street Address 180 North St | | City Litchfield | State CT | Zip Code 06759 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/16/2025 | Aggregate Contributions \$750.00 | \$750.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Roraback | | First Name Molly | | MI |
| Residential Street Address 608 Goshen Rd | | City Litchfield | State CT | Zip Code 06759-0223 |
| 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 # <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 10/17/2025 | Aggregate Contributions \$250.00 | \$250.00 |

| | | | | |
|---|--|-----------------------------------|-------------------------------------|-------------------|
| Last Name Ardussi | | First Name Steve | | MI |
| Residential Street Address 8 Peach Orchard Ln | | City Bantam | State CT | Zip Code 06750 |
| Principal Occupation Insurance broker | | Name of Employer Self Employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/22/2025 | Aggregate Contributions \$200.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Losee | | First Name Lisa | | MI |
| Residential Street Address 21 Meadow St . | | City Litchfield | State CT | Zip Code 06759 |
| Principal Occupation Town Clerk | | Name of Employer Town of Litchfield | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/23/2025 | Aggregate Contributions \$100.00 | \$100.00 |
| Total of Section B | | | \$2,740.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$3,811.00 | |
| (Sections A & B) | | | (Total on Line 13 of Summary Page) | |

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

| | | | | |
|----------------------------|-------|---|---------------|-------------------------|
| Name of Committee | | Name of Treasurer | | |
| Address | | Is this contribution associated with an event reported in Section L1? Yes No | | Amount of Contribution |
| If yes, list Event # | | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions |
| Total of Section C1 | | | | |

I. MONETARY RECEIPTS (Section A-K)

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

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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

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 | |
| Litchfield Republican Town Committee | | | 7th Day Preceding General Election - Amendment | |
| 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 | |
| Litchfield Republican Town Committee | | | 7th Day Preceding General Election - Amendment | |
| 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? | | | Amount |
| | Yes | No | If yes, list Event # | |
| Total of Section F | | | | |

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

L1. Event Information

| | | | | |
|---|-------------|--|---|-------------------------------------|
| Event # Date of Event 10/03/2025 | Letter A | Description Meet and Greet Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address 498 Maple St | | City Litchfield | State CT | Zip Code 06759 |
| <i>Subpart 1: (All Committees)</i> | | <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> | | |
| Was this event hosted at a personal residence? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | <input type="checkbox"/> Yes <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> | | <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| <i>Subpart 3: (Town Committees ONLY)</i> | | <i>(If yes, enter Total Receipts here.)</i> | | |
| Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

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

| | | | | |
|----------------------------|---------|---|-------------------------------|-------------------------|
| Name of Purchaser | | Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> 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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

L4. In-Kind Donations Not Considered Contributions

| | | | | | |
|---------------------|-------------------------|---------|--------------------------------|-------------------------------|----------|
| Name of the Donor | | | | | |
| Street Address | | | City | State | Zip Code |
| Donation Given by: | Description of Donation | | | Fair Market Value of Donation | |
| Business Entity | | | | | |
| Individual | Date Received | Event # | Aggregate value for this event | | |
| Sole Proprietorship | | | | | |

Total of Section L4

II. EVENT ACTIVITY (Sections L1 - L5)

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

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 |
| Litchfield Republican Town Committee | 7th Day Preceding General Election - Amendment |

M. In-Kind Contributions

| | | | | |
|---|---------------|--|-------------------------------------|--|
| Name | | | | |
| Street Address | | City | State | Zip Code |
| Type of Contributor: | Date Received | Aggregate contributions | Description of In-Kind Contribution | |
| Committee Individual / Sole Proprietorship Other | | | | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? | Yes No | Fair Market Value of this Contribution |
| Is this contribution associated with an event reported in Section L1? | Yes No | Is contributor a principal of state contractor or prospective state contractor? | Yes No | |
| If yes, list Event# | | If yes, indicate which branch or branches of government the contract is with: | Executive Legislative | |

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

N. Refundable Deposit to Telephone Company

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

| | | | |
|----------------------------------|-------------------------------|---|------------------------|
| Name of Payee Alan Landau | Date of Payment 10/04/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 272 Norfolk Rd | City Litchfield | State CT | Zip Code 06759-2517 |

| | | |
|---|---|----------------------|
| Purpose of Expenditure (by code) RMB | Description Reimbursement for the rental of 100 chairs | Event # 10032025A |
|---|---|----------------------|

| | | |
|-------------------------------|--|--------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | Amount \$297.78 |
| | <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 | |

| | | | |
|-------------------------------|-------------------------------|--|------------------------|
| Name of Payee USPS | Date of Payment 10/09/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 16 South St | City Litchfield | State CT | Zip Code 06759-9998 |

| | | |
|--|------------------------------------|---------|
| Purpose of Expenditure (by code) POST | Description Yearly P.O. Box fee | Event # |
|--|------------------------------------|---------|

| | | |
|-------------------------------|--|--------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | Amount \$244.00 |
| | <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 | |

| | | | |
|--|-------------------------------|--|-------------------|
| Name of Payee Structure Marketing Inc. | 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 214 Oriskany Blvd Ste 14 | City Whitesboro | State NY | Zip Code 13492 |

| | | |
|--|---------------------------------------|---------|
| Purpose of Expenditure (by code) A-DM | Description 5000qty 8.5X11 mailers | Event # |
|--|---------------------------------------|---------|

| | | |
|-------------------------------|--|----------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | Amount \$2,512.48 |
| | <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 | |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|--|-------------------------------|---|----------------------|
| Name of Payee Stephan Krucker | | Date of Payment 10/16/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 Beecher Ln | | City Litchfield | State CT | Zip Code 06759 |
| Purpose of Expenditure (by code) RMB | Description Reimbursement for Meta Ad Boosting | | | 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 \$125.00 |
| Name of Payee Bill Zampaglione for 1st | | Date of Payment 10/18/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1213 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address PO Box 525 | | City Bantam | State CT | Zip Code 06750 |
| Purpose of Expenditure (by code) CNTRB | Description Contribution from Litchfield RTC to Bill Zampaglione for 1st who is running for First Selectman of Litchfield, CT | | | 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 \$1,500.00 |
| Name of Payee Stephan Krucker | | Date of Payment 10/20/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1214 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 39 Beecher Ln | | City Litchfield | State CT | Zip Code 06759 |
| Purpose of Expenditure (by code) RMB | Description Reimbursement for Meta Ad Boosting October 15th-20th | | | 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 \$49.65 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|---|--------------------|
| Name of Payee Structure Marketing Inc. | | Date of Payment 10/20/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 214 Oriskany Blvd Ste 14 | | City Whitesboro | State NY | Zip Code 13492 |
| Purpose of Expenditure (by code) A-DM | Description 5000 8.5x11 EDDM Reprint mailers | | | 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 \$711.00 |
| Name of Payee Structure Marketing Inc. | | Date of Payment 10/20/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 214 Oriskany Blvd Ste 14 | | City Whitesboro | State NY | Zip Code 13492 |
| Purpose of Expenditure (by code) A-DM | Description Additional postage for 40 mailers | | | 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 \$12.80 |
| Name of Payee Litchfield.BZ | | Date of Payment 10/24/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1215 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 29 Marne Park | | City Bantam | State CT | Zip Code 06750 |
| Purpose of Expenditure (by code) A-WEB | Description Ad Creation for two dedicated eblasts | | | 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 \$300.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | |
|---------------------------------------|--------------------------------------|--|--|
| Name of Payee Litchfield.BZ | Date of Payment 10/24/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 1216 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
|---------------------------------------|--------------------------------------|--|--|

| | | | |
|--|-----------------------|--------------------|--------------------------|
| Street Address 29 Marne Park | City Bantam | State CT | Zip Code 06750 |
|--|-----------------------|--------------------|--------------------------|

| | | |
|--|--|----------------|
| Purpose of Expenditure (by code) A-WEB | Description Two dedicated eblast to deploy week of 10/27 | 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 \$500.00 |
|--------------------------------------|--|---------------------------|

| | | | |
|-------------------------------------|--------------------------------------|--|--|
| Name of Payee Anedot Inc. | Date of Payment 10/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
|-------------------------------------|--------------------------------------|--|--|

| | | | |
|---|----------------------------|--------------------|--------------------------|
| Street Address 1340 Poydras St Ste 1770 | City New Orleans | State LA | Zip Code 70112 |
|---|----------------------------|--------------------|--------------------------|

| | | |
|--|---|----------------|
| Purpose of Expenditure (by code) WEB | Description Anedot fees October 1st to the 26th | 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 \$49.70 |
|--------------------------------------|--|--------------------------|

| | | |
|---------------------------|--|-------------------|
| Total of Section P | | \$6,302.41 |
|---------------------------|--|-------------------|

| IV. EXPENDITURES (Sections P - T) | | | |
|--|-------------|-----------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| | | | 7th Day Preceding General Election - Amendment |
| 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 |
| Litchfield Republican Town Committee | | | 7th Day Preceding General Election - Amendment |
| 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

| | | | |
|--|---|------|--|
| IV. EXPENDITURES | | | |
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT |
| Litchfield Republican Town Committee | | | 7th Day Preceding General Election - Amendment |
| S. Expenses Incurred By Committee but Not Paid During this Period | | | |
| Name of Creditor | | | Date Incurred |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | | Event # |
| Expenditure# (if applicable) | Type of Expenditure (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D | | Amount Incurred (Estimate or Actual) |
| Total of Section S | | | |

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Landau | Alan | | 10/04/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Ace Hardware of Litchfield | <input checked="" type="checkbox"/> Check # 1211 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 348 Bantam Rd | Litchfield | CT | 06759 |

| | | |
|----------------------------------|----------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| EFV * | Rental of 100 chairs | 10032025A |

| | | |
|---------------|--|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$297.78 |

| | | | |
|--------------------------------|---------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| Krucker | Stephan | | 10/16/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Meta Platforms Inc. | <input checked="" type="checkbox"/> Check # 1212 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 1 Meta Way | Menlo Park | CA | 94025 |

| | | |
|----------------------------------|---------------------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| A-WEB | Meta Ad Boosting Sept 25-Oct 16 | |

| | | |
|---------------|--|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$125.00 |

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 |