SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

East Haven Republican Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Donald		**Surprenant**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
501 Strong St	**East Haven**	**CT**	**06512**

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 - Amendment

9. PERIOD COVERED

Beginning Date		Ending Date
10/01/2023	thru	**10/29/2023**

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	**Donna Richo**	**06/27/2026 1:14:11PM**
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 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
East Haven 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		**$4,500.35**
12. Balance on hand at the beginning of Reporting Period	**$4,158.00**	
13. Contributions received from Individuals (Section A and B)	**$4,670.79**	**$6,170.79**
14. Receipts from Other Committees (Sections C1 and C2)	**$1,000.00**	**$1,000.00**
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)	**$5,670.79**	**$7,170.79**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$9,828.79**	**$11,671.14**
19. Expenses Paid by Committee (Section P)	**$4,733.17**	**$6,575.52**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$5,095.62**	**$5,095.62**
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**	**$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
East Haven Republican Town Committee	7th Day Preceding General Election - Amendment

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
Delmonico	Anthony	

Residential Street Address	City	State	Zip Code
198 Cove St	New Haven	CT	06512

Principal Occupation	Name of Employer
Anthony's Ocean View,	Owner

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/04/2023	$50.00

Last Name	First Name	MI
Surprenant	Jeffry	L

Residential Street Address	City	State	Zip Code
52 Foxon Blvd	East Haven	CT	06513

Principal Occupation	Name of Employer
Residential & Commercial Tech.	Comcast

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/04/2023	$50.00

Last Name	First Name	MI
Gravino	Stacy	

Residential Street Address	City	State	Zip Code
132 Vista Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
DEPUTY Town Clerk	TOWN OF STONINGTON

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/04/2023	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
SURPRENANT	BRYAN	C

Residential Street Address	City	State	Zip Code
501 Strong St	East Haven	CT	06512

Principal Occupation	Name of Employer
Line crew	Go Net Speed

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$50.00	$50.00

Last Name	First Name	MI
Mauro	Vincent	F

Residential Street Address	City	State	Zip Code
58 Vista Dr	East Haven	CT	06512

Principal Occupation	Name of Employer
ELEVATOR MECHANIC	Kone ELEVATOR

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$100.00	$100.00

Last Name	First Name	MI
Morann	Kevin	

Residential Street Address	City	State	Zip Code
28 Ozone Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Operator	Town of East Haven

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$400.00	$150.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
~~Morann~~	~~Kevin~~	

Residential Street Address	City	State	Zip Code
~~28 Ozone Rd~~	~~East Haven~~	~~CT~~	~~06512~~

Principal Occupation	Name of Employer
~~Operator~~	~~Town of East Haven~~

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

Amount of Contribution: ~~$50.00~~

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

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

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

Date Received	Aggregate Contributions
~~10/04/2023~~	~~$400.00~~

Last Name	First Name	MI
Brandt	Michael	R

Residential Street Address	City	State	Zip Code
25 Cella Ter	North Haven	CT	06473

Principal Occupation	Name of Employer
JUDGE OF PROBATE	STATE OF CONNECTICUT

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

Amount of Contribution: $750.00

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

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

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

Date Received	Aggregate Contributions
10/04/2023	$750.00

Last Name	First Name	MI
Martens	Kerry	R

Residential Street Address	City	State	Zip Code
145 Morgan Ave	East Haven	CT	06512

Principal Occupation	Name of Employer

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/04/2023	$75.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
DESORBO	LOUIS	

Residential Street Address	City	State	Zip Code
26 Colonial Heights Rd .	East Haven	CT	06473

Principal Occupation	Name of Employer
	SELF

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$50.00	$50.00

Last Name	First Name	MI
Hennessey	Thomas S	

Residential Street Address	City	State	Zip Code
34 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
OWNER	AF FORBES INC

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$150.00	$50.00

Last Name	First Name	MI
Hennessey	LINDA	C

Residential Street Address	City	State	Zip Code
34 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
homeaker	

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Morann	**Kevin**	

Residential Street Address	City	State	Zip Code
28 Ozone Rd	**East Haven**	**CT**	**06512**

Principal Occupation	Name of Employer
Operator	**Town of East Haven**

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

Amount of Contribution: **$150.00**

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

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

Method of Contribution	Date Received	Aggregate Contributions
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	**10/04/2023**	**$350.00**

Last Name	First Name	MI
Conners	Robert	

Residential Street Address	City	State	Zip Code
13 Morgan Ter	East Haven	CT	06512

Principal Occupation	Name of Employer
Operations/sales	Polsinello

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

Amount of Contribution: $100.00

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

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

Method of Contribution	Date Received	Aggregate Contributions
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$100.00

Last Name	First Name	MI
Roach	Robert	

Residential Street Address	City	State	Zip Code
125 S End Rd	East Haven	CT	06512

Principal Occupation	Name of Employer

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

Amount of Contribution: $50.00

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

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

Method of Contribution	Date Received	Aggregate Contributions
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
DiLungo	Jennifer	

Residential Street Address	City	State	Zip Code
299 Barberry Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Physician assistant	

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/04/2023	$100.00	$100.00

Last Name	First Name	MI
Conners	Robert	

Residential Street Address	City	State	Zip Code
13 Morgan Ter	East Haven	CT	06512

Principal Occupation	Name of Employer

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/05/2023	$200.00	$100.00

Last Name	First Name	MI
Jaffee	Loria	

Residential Street Address	City	State	Zip Code
140 Mill St # 637	East Haven	CT	06512-1045

Principal Occupation	Name of Employer
	RETIRED

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/05/2023	$50.00	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kayl	Tesla Marie	

Residential Street Address	City	State	Zip Code
26 Virginia Rd	East Haven	CT	06512

Principal Occupation	Name of Employer
Firefighter	Town of East Haven

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/05/2023	$50.00

Last Name	First Name	MI
Sittnick	Judith	C

Residential Street Address	City	State	Zip Code
41 Chidsey Ave	East Haven	CT	06512

Principal Occupation	Name of Employer

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

Amount of Contribution: $40.00

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

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

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

Date Received	Aggregate Contributions
10/05/2023	$40.00

Last Name	First Name	MI
Andrulat	Kimberlee	A

Residential Street Address	City	State	Zip Code
139 Sorrento Ave	East Haven	CT	06512

Principal Occupation	Name of Employer

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

Amount of Contribution: $50.00

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

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

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

Date Received	Aggregate Contributions
10/05/2023	$50.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hennessey	Thomas S	

Residential Street Address	City	State	Zip Code
34 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
OWNER	AF FORBES INC

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/05/2023	$250.00	$100.00

Last Name	First Name	MI
Bryk	Holly	A

Residential Street Address	City	State	Zip Code
121 George St	East Haven	CT	06512

Principal Occupation	Name of Employer
State Marshal	Self

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/05/2023	$100.00	$100.00

Last Name	First Name	MI
Dziubinski	Wanda	

Residential Street Address	City	State	Zip Code
25071 Leland Ave	Harbeson	DE	19951

Principal Occupation	Name of Employer

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

Amount of Contribution

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

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

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	10/05/2023	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Dziubinski	Wanda	

Residential Street Address	City	State	Zip Code
25072 Leland Ave	Harbeson	DE	19951

Principal Occupation	Name of Employer

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

Amount of Contribution

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

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

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

Date Received	Aggregate Contributions	Amount of Contribution
10/05/2023	$100.00	$100.00

Last Name	First Name	MI
Gravino	Stacy	A

Residential Street Address	City	State	Zip Code
132 Vista Dr	East Haven	CT	06512-3430

Principal Occupation	Name of Employer
Town Clerk	Town of East Haven

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

Amount of Contribution

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

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

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

Date Received	Aggregate Contributions	Amount of Contribution
10/05/2023	$225.00	$100.00

Last Name	First Name	MI
~~Hennessey~~	~~LINDA~~	~~C~~

Residential Street Address	City	State	Zip Code
~~34 Columbus Ave~~	~~East Haven~~	~~CT~~	~~06512~~

Principal Occupation	Name of Employer
~~homealer~~	~~Homemaker~~

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

Amount of Contribution

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

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

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

Date Received	Aggregate Contributions	Amount of Contribution
~~10/16/2023~~	~~$1,090.40~~	~~$1,040.40~~

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hennessey	LINDA	C

Residential Street Address	City	State	Zip Code
34 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
homeaker	

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

Amount of Contribution: $1,040.40

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

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

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

Date Received	Aggregate Contributions
10/16/2023	$1,090.40

Last Name	First Name	MI
Hennessey	Thomas S	

Residential Street Address	City	State	Zip Code
34 Columbus Ave	East Haven	CT	06512

Principal Occupation	Name of Employer
OWNER	AF FORBES INC

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

Amount of Contribution: $1,040.39

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

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

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

Date Received	Aggregate Contributions
10/16/2023	$1,290.39

Total of Section B	**$4,670.79**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$4,670.79**

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
APOLLO PAC	Danelle Feeley

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution
2 Lisa Ln	☐ Yes ☒ No If yes, list Event #	

City	State	Zip Code	Date Received	Aggregate Contributions	
East Haven	CT	06512	10/04/2023	$1,000.00	$1,000.00

Total of Section C1	**$1,000.00**

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
East Haven 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
East Haven 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
East Haven 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
East Haven 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? Yes No If yes, list Event #	Amount
	Total of Section F	

I. MONETARY RECEIPTS (Section A-K)

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

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
10/05/2023	B	Cocktail Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
280 Foxon Rd	East Haven	CT	06512

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

[ ] Yes [X] 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 [X] 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 [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

[X] Yes [ ] 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)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

[ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

Event # / Date of Event	Letter	Description	Was this a fundraising event?
10/05/2023	C	Cocktail Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
383 Main St	East Haven	CT	06512

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

[ ] Yes [X] 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 [X] 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 [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

[ ] Yes [X] 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)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

[ ] Yes [X] No

(If yes, enter Total Receipts here.) $0.00

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
10/12/2023	A	Meet and Greet Event	[ ] Yes [X] No

Location: Street Address	City	State	Zip Code
1420 N High St	East Haven	CT	06512

Subpart 1: (All Committees)

Was this event hosted at a personal residence?

[ ] Yes [X] 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 [ ] 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 [X] No

(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?

[X] Yes [ ] 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)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?

[ ] Yes [X] No

(If yes, enter Total Receipts here.) $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
East Haven 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: Business Entity / Individual/Sole Proprietorship / Other

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
East Haven 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
East Haven 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
East Haven Republican Town Committee	7th Day Preceding General Election - Amendment

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

If yes, list Event#

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee: ~~Big Prints~~
Date of Payment: ~~10/04/2023~~
Method of Payment: [ ] Check # [x] Debit Card [ ] EFT
Street Address: ~~15 Baer Cir~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~A-SIGN~~
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[x] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$1,705.28~~

Name of Payee: Foxon Fire House
Date of Payment: 10/04/2023
Method of Payment: [X] Check # 1365 [ ] Debit Card [ ] EFT
Street Address: 1420 N High St
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): Misc *
Description: REntal of hall for meet and greet
Event #:
Expenditure # (if applicable): 620929
Type of Expenditure (Itemization in Addendum P 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) [X] Organization [ ] A [ ] B [X] C [ ] D
Amount: $75.00

Name of Payee: The Owl Shop
Date of Payment: 10/04/2023
Method of Payment: [X] Check # 1366 [ ] Debit Card [ ] EFT
Street Address: 268 College St
City: New Haven
State: CT
Zip Code: 06510
Purpose of Expenditure (by code): FNDR *
Description: Burbon and Cigars
Event #: 10052023B
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $749.90

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee: ~~John & Maries Pizza~~
Date of Payment: ~~10/05/2023~~
Method of Payment: [~~X~~] Check # ~~1367~~ [ ] Debit Card [ ] EFT
Street Address: ~~280 Foxon Rd~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~FNDR *~~
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$764.00~~

Name of Payee: ~~Bistro Mediterian~~
Date of Payment: ~~10/05/2023~~
Method of Payment: [~~X~~] Check # ~~1368~~ [ ] Debit Card [ ] EFT
Street Address: ~~383 Main St~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~FNDR *~~
Description: ~~Ladies fund raiser~~
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$756.69~~

Name of Payee: Big Prints
Date of Payment: 10/05/2023
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 15 Bear Cir
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: yard signs
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $271.83

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee: John & Maries Pizza
Date of Payment: 10/05/2023
Method of Payment: [X] Check # 1367 [ ] Debit Card [ ] EFT

Street Address: 280 Foxon Rd
City: East Haven
State: CT
Zip Code: 06512

Purpose of Expenditure (by code): FNDR *
Description: Food for Event
Event #:

Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $764.10

Name of Payee: ~~Staples~~
Date of Payment: ~~10/10/2023~~
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT

Street Address: ~~84 Main St~~
City: ~~Branford~~
State: ~~CT~~
Zip Code: ~~06405~~

Purpose of Expenditure (by code): ~~OFFICE~~
Description:
Event #:

Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$71.69~~

Name of Payee: ~~Vista Pring~~
Date of Payment: ~~10/10/2023~~
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT

Street Address: ~~95 Hayden Pl~~
City: ~~Lexington~~
State: ~~MA~~
Zip Code: ~~02421~~

Purpose of Expenditure (by code): ~~PRNT~~
Description: ~~Brochures~~
Event #:

Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$130.79~~

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee: Big Prints
Date of Payment: 10/10/2023
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 15 Bear Cir
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): A-SIGN
Description: yard Signs
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $625.00

Name of Payee: Vista Print
Date of Payment: 10/10/2023
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 95 Hayden Pl
City: Lexington
State: MA
Zip Code: 02421
Purpose of Expenditure (by code): PRNT
Description: Brochures
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $130.79

Name of Payee: Mike Enders
Date of Payment: 10/10/2023
Method of Payment: [X] Check # 1369 [ ] Debit Card [ ] EFT
Street Address: 23 Oregon Ave
City: East Haven
State: CT
Zip Code: 06512
Purpose of Expenditure (by code): Misc *
Description: coffee meet and greet
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $54.97

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee: ~~Mike Enders~~
Date of Payment: ~~10/12/2023~~
Method of Payment: [~~X~~] Check # ~~1369~~ [ ] Debit Card [ ] EFT
Street Address: ~~23 Oregon Ave~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~Misc *~~
Description: ~~coffee for meet and greet~~
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$54.97~~

Name of Payee: ShoreLine Publishing
Date of Payment: 10/16/2023
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 47 Eugene O'Neill Dr
City: New London
State: CT
Zip Code: 06320
Purpose of Expenditure (by code): A-NEWS
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: $1,950.00

Name of Payee: ~~Minuteman Press~~
Date of Payment: ~~10/16/2023~~
Method of Payment: [ ] Check # [~~X~~] Debit Card [ ] EFT
Street Address: ~~208 Main St~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~A-OTH~~
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$225.33~~

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee: ~~Dunkin Donuts~~
Date of Payment: ~~10/16/2023~~
Method of Payment: [ ] Check # [~~X~~] Debit Card [ ] EFT
Street Address: ~~700 Route 80~~
City: ~~East Haven~~
State: ~~CT~~
Zip Code: ~~06512~~
Purpose of Expenditure (by code): ~~FOOD~~
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$100.45~~

Name of Payee: ~~Staples~~
Date of Payment: ~~10/16/2023~~
Method of Payment: [ ] Check # [~~X~~] Debit Card [ ] EFT
Street Address: ~~RR 1~~
City: ~~Branford~~
State: ~~CT~~
Zip Code: ~~06405~~
Purpose of Expenditure (by code): ~~PRNT~~
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[~~X~~] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: ~~$12.66~~

Name of Payee: **Staples**
Date of Payment: **10/16/2023**
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: **RR 1**
City: **Branford**
State: **CT**
Zip Code: **06405**
Purpose of Expenditure (by code): **PRNT**
Description:
Event #:
Expenditure # (if applicable):
Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)
[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D
Amount: **$13.99**

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
~~Staples~~	~~10/16/2023~~	[ ] Check # [~~X~~] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~RR 1~~	~~Branford~~	~~CT~~	~~06405~~

Purpose of Expenditure (by code)	Description	Event #
~~PRNT~~		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below	~~$14.32~~
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Name of Payee	Date of Payment	Method of Payment
Dunkin Donuts	**10/16/2023**	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
700 Route 80	**East Haven**	**CT**	**06512**

Purpose of Expenditure (by code)	Description	Event #
FOOD		

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	**$45.48**
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Name of Payee	Date of Payment	Method of Payment
~~Staples~~	~~10/17/2023~~	[ ] Check # [~~X~~] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~84 N Main St~~	~~Branford~~	~~CT~~	

Purpose of Expenditure (by code)	Description	Event #
~~OFFICE~~	~~Copies~~	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[~~X~~] None of the below	~~$28.59~~
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Staples	**10/17/2023**	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
84 N Main St	**Branford**	**CT**	

Purpose of Expenditure (by code)	Description	Event #
OFFICE	**Copies**	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

- [X] None of the below
- [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
- [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: **$6.67**

Name of Payee	Date of Payment	Method of Payment
~~**Staples**~~	~~**10/17/2023**~~	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~**84 N Main St**~~	~~**Branford**~~	~~**CT**~~	

Purpose of Expenditure (by code)	Description	Event #
~~**OFFICE**~~	~~**Copies**~~	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

- [X] None of the below
- [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
- [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: ~~**$6.67**~~

Name of Payee	Date of Payment	Method of Payment
~~**Vista print**~~	~~**10/17/2023**~~	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
~~**95 Hyaden Pl**~~	~~**Lexington**~~	~~**MA**~~	~~**02421**~~

Purpose of Expenditure (by code)	Description	Event #
~~**PRNT**~~	~~**Flyers**~~	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

- [X] None of the below
- [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
- [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D

Amount: ~~**$183.45**~~

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Dunkin Donuts	**10/17/2023**	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
320 Main St	**East Haven**	**CT**	**06512**

Purpose of Expenditure (by code)	Description	Event #
Misc *	**Meeting coffee**	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below	**$45.44**
	[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent	
	[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	

Total of Section P	**$4,733.17**

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
East Haven 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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
East Haven 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 *(Itemization in Addendum S Required unless "None of the below" is checked)*	Amount Incurred (Estimate or Actual)
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D	

Total of Section S	

IV. EXPENDITURES (Sections P - T)

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

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
	Check # Debit Card EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #

Expenditure #	Type of Expenditure (Itemization in Addendem T 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 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
East Haven Republican Town Committee	7th Day Preceding General Election - Amendment

P. Expenses Paid By Committee - Addendum

Expenditure #		Amount of Expenditure
620929	[x] Supported [ ] Opposed	$75.00

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Samantha Parlato	Mayor	$75.00

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #		Amount of Expenditure
	Supported Opposed	

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

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #		Amount of 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	Amount of Expenditure

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