

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised January 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Pomfret Republican Town Committee</b>			
2. TREASURER NAME			
First <b>Angelo</b>	MI	Last <b>Sposato</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>17 Blossom Dr</b>	City <b>Pomfret Center</b>	State <b>CT</b>	Zip Code <b>06259</b>
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			
<b>April 10 Filing - Original</b>			
9. PERIOD COVERED			
Beginning Date		Ending Date	
<b>01/01/2026</b>		thru <b>03/31/2026</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Angelo Sposato</b>	<b>04/01/2026 2:33:12PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></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	
<b>Pomfret Republican Town Committee</b>	<b>April 10 Filing - Original</b>	
	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		<b>\$2,117.40</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$2,117.40</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$235.00</b>	<b>\$235.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$235.00</b>	<b>\$235.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$2,352.40</b>	<b>\$2,352.40</b>
19. Expenses Paid by Committee (Section P)	<b>\$2,331.52</b>	<b>\$2,331.52</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$20.88</b>	<b>\$20.88</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY**

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$0.00****B. Itemized Contributions from Individuals**

Last Name Labonte		First Name Gabrielle		MI R
Residential Street Address 677 Hampton Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Probate Judge		Name of Employer Probate Court Admin		
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 01/08/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Emilio		First Name Martha		MI
Residential Street Address 56 Babbitt Hill Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation		Name of Employer		
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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 01/13/2026	Aggregate Contributions \$25.00	\$25.00

Last Name Labonte		First Name Gabrielle		MI R
Residential Street Address 677 Hampton Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Probate Judge		Name of Employer Probate Court Admin		
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 02/09/2026	Aggregate Contributions \$100.00	\$50.00

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**B. Itemized Contributions from Individuals**

Last Name Labonte		First Name Gabrielle		MI R
Residential Street Address 677 Hampton Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Probate Judge		Name of Employer Probate Court Admin		
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 03/09/2026	Aggregate Contributions \$150.00	
				\$50.00
Last Name Hull		First Name William		MI
Residential Street Address 95 Hampton Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation Owner		Name of Employer Hull Forest Products		
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>05082026A</u>		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 03/27/2026	Aggregate Contributions \$60.00	
				\$60.00
<b>Total of Section B</b>				<b>\$235.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)				<b>\$235.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**C1. Contributions from Other Committees**

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

**Total of Section C1****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

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

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution		
Expenditure # (if applicable)	Description				

**Total of Section C2**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**D. Loans Received this Period**

Name of Lender	Source of Loan:				Date of Receipt
	Bank	Candidate	Individual	Other	
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes	No
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
<b>Total of Section D</b>					

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

NAME OF COMMITTEE	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)**

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	
<b>Total of Section E</b>				

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)**

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes	No	If yes, list Event #	Amount
<b>Total of Section F</b>					

<b>I. MONETARY RECEIPTS (Section A-K)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)</b>	
Date of Receipt	Amount
<b>Total of Section G</b>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
Pomfret Republican Town Committee	April 10 Filing - Original	
<b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b>		
Date of Receipt	Method of Payment Cash                      Personal Check                      Credit/Debit Card	Amount
<b>Total of Section H</b>		

<b>I. Monetary Receipts (Section A-K)</b>				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Pomfret Republican Town Committee			April 10 Filing - Original	
<b>J. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

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

NAME OF COMMITTEE		TYPE OF REPORT	
Pomfret Republican Town Committee		April 10 Filing - Original	
<b>K. Miscellaneous Monetary Receipts not Considered Contributions</b>			
Name		Date of Transaction	
Street Address		City	State      Zip Code
Description			
<b>Total of Section K</b>			

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Pomfret Republican Town Committee		April 10 Filing - Original	
<b>L1. Event Information</b>			
Event # Date of Event 05/08/2026	Letter A	Description Sale Event	Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address Cournoyer Road		City Thompson	State      Zip Code CT
<i>Subpart 1: (All Committees)</i>			
Was this event hosted at a personal residence?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, enter Total Receipts here.)</i> <input type="text" value="\$0.00"/>	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i>			
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, enter Total Receipts here.)</i> <input type="text" value="\$0.00"/>	
<b>Total of Section L1</b>			<b>\$0.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

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

Name of Purchaser		Purchase Made By:	
		<b>Business Entity</b>	<b>Other</b>
		<b>Individual/Sole Proprietorship</b>	
Street Address		City	State      Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase      Amount of Sign Purchase
			<b>Total of Section L3</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**L4. In-Kind Donations Not Considered Contributions**

Name of the Donor			
Street Address		City	State      Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Business Entity  Individual  Sole Proprietorship	Date Received	Event #      Aggregate value for this event	
			<b>Total of Section L4</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party**

Name of the Host		Is this event supporting more than one candidate or committee? Yes      No      If yes, complete Itemization in Addendum L5	
Street Address	City	State	Zip Code
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**M. In-Kind Contributions**

Name			
Street Address	City	State	Zip Code
Type of Contributor: Committee Individual / Sole Proprietorship      Other	Date Received	Aggregate contributions	Description of In-Kind Contribution
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000? Yes No	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section L1? Yes No	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
Pomfret Republican Town Committee	April 10 Filing - Original

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Chris Coyle		Date of Payment 01/07/2026	Method of Payment <input checked="" type="checkbox"/> Check # 230 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Wolf Den Road		City Pomfret	State CT	Zip Code
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) <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 \$53.46
Name of Payee Abington Social Library		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # 232 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Hampton Road		City Pomfret	State CT	Zip Code
Purpose of Expenditure (by code) OVHD	Description Conference space			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 \$150.00
Name of Payee Martha Emilio		Date of Payment 02/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # 231 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Babbitt Hill Road		City Pomfret	State CT	Zip Code
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) <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 \$46.77

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Heather Semenza		Date of Payment 03/02/2026	Method of Payment <input checked="" type="checkbox"/> Check # 233 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Fox Hill Road		City Pomfret	State CT	Zip Code
Purpose of Expenditure (by code) WEB	Description			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 \$293.36
Name of Payee Daniel Plouffe		Date of Payment 03/02/2026	Method of Payment <input checked="" type="checkbox"/> Check # 234 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Paine Road		City Pomfret	State CT	Zip Code
Purpose of Expenditure (by code) WEB	Description IT			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 \$599.81
Name of Payee Heather Semenza		Date of Payment 03/04/2026	Method of Payment <input checked="" type="checkbox"/> Check # 235 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Fox Hill Road		City Pomfret	State CT	Zip Code
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) <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 \$350.94

**IV. EXPENDITURES (Sections P - T)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Pomfret Republican Town Committee	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee Daniel Plouffe		Date of Payment 03/06/2026	Method of Payment <input checked="" type="checkbox"/> Check # 193 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Paine Road		City Pomfret	State CT	Zip Code
Purpose of Expenditure (by code)  WEB	Description IT			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  \$267.65
Name of Payee Heather Semenza		Date of Payment 03/28/2026	Method of Payment <input checked="" type="checkbox"/> Check # 236 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Fox Hill Road		City Pomfret	State CT	Zip Code
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) <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  \$263.62
Name of Payee Daniel Plouffe		Date of Payment 03/31/2026	Method of Payment <input checked="" type="checkbox"/> Check # 237 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 180 Paine Rd		City Pomfret Center	State CT	Zip Code 06258
Purpose of Expenditure (by code)  WEB	Description IT			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  \$305.91

**Total of Section P**

**\$2,331.52**

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			April 10 Filing - Original
Q. Campaign Expenses Paid By Candidate			
Name of Payee (Name of vendor, Person or Entity who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes                  No
Street Address	City		State                  Zip Code
Purpose of Expenditure (by code)	Description	Event #	Amount
<b>Total of Section Q</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Pomfret Republican Town Committee			April 10 Filing - Original
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> 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)  <input 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
<b>Total of Section R</b>			

IV. EXPENDITURES			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Pomfret Republican Town Committee			April 10 Filing - Original
S. Expenses Incurred By Committee but Not Paid During this Period			
Name of Creditor			Date Incurred
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		Amount Incurred (Estimate or Actual)
<b>Total of Section S</b>			

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Pomfret Republican Town Committee			April 10 Filing - Original
T. Itemization of Reimbursements and Secondary Payees			
Last Name of Worker/Consultant		First	MI      Date of Payment to Vendor, Person or Entity
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section P  Check #      Debit Card      EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure #	Type of Expenditure ( <i>Itemization in Addendum T Required unless "None of the below" is checked</i> )  None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization:      A      B      C      D		Amount
<b>Total of Section T</b>			

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

Section P. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
P. Expenses Paid By Committee - Addendum		
Expenditure #	Supported	Opposed
		<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated?	Aggregating Committees	
<b>Yes</b> <b>No</b>		

**Section R. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>R. Expenses Incurred on Committee Credit Card - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section S. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section T. ADDENDUM**

NAME OF COMMITTEE		TYPE OF REPORT
<b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b> <b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee