

**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>Bethel Republican Town Committee</b>			
2. TREASURER NAME			
First <b>Patricia</b>	MI	Last <b>Sell</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>46 Benedict Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801</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>Patricia Sell</b>	<b>04/09/2026 5:51:09PM</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>Bethel 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>\$-559.36</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$-559.36</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$2,550.00</b>	<b>\$2,550.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$5,697.40</b>	<b>\$5,697.40</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>\$8,247.40</b>	<b>\$8,247.40</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$7,688.04</b>	<b>\$7,688.04</b>
19. Expenses Paid by Committee (Section P)	<b>\$1,539.96</b>	<b>\$1,539.96</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$6,148.08</b>	<b>\$6,148.08</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
Bethel 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 Pulle		First Name Frances		MI S
Residential Street Address 17 Bainbridge Blvd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 01/05/2026	Aggregate Contributions \$200.00	\$200.00

Last Name DEROSA		First Name JEFFREY		MI
Residential Street Address 21 Sunset HI		City Bethel	State CT	Zip Code 06801
Principal Occupation SURVEYOR		Name of Employer SELF EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 01/14/2026	Aggregate Contributions \$200.00	\$200.00

Last Name Cornwell		First Name Bruce		MI A
Residential Street Address 2 Buckboard Ridge Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/25/2026	Aggregate Contributions \$150.00	\$150.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Henneberry		First Name Kenneth		MI W
Residential Street Address 31 Deer Run		City Bethel	State CT	Zip Code 06801
Principal Occupation Computer Developer		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/25/2026	Aggregate Contributions \$150.00	\$150.00
Last Name Jordan		First Name Kathleen		MI W
Residential Street Address 88 Old Hawleyville Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/25/2026	Aggregate Contributions \$150.00	\$150.00
Last Name Hislop		First Name Frank		MI W
Residential Street Address 5 Evergreen Dr		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 02/25/2026	Aggregate Contributions \$150.00	\$150.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Karl		First Name Henry		MI
Residential Street Address 22 Winthrop Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		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:		
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		02/25/2026	\$150.00	\$150.00

Last Name Beeble		First Name Timothy		MI R
Residential Street Address 28 Turkey Plain Rd		City Bethel	State CT	Zip Code 06801
Principal Occupation Registrar of voters		Name of Employer Town of Bethel		
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?		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:		
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		02/25/2026	\$150.00	\$150.00

Last Name Oldham		First Name Francis		MI
Residential Street Address 59 Sunset HI		City Bethel	State CT	Zip Code 06801
Principal Occupation LANDSCAPE DESIGNER		Name of Employer SELF EMPLOYED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		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:		
Method of Contribution		Date Received	Aggregate Contributions	
<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		02/25/2026	\$450.00	\$450.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Carter		First Name Daniel		MI E	
Residential Street Address 14 Katrina Cir		City Bethel		State CT	Zip Code 06801
Principal Occupation Consultant			Name of Employer Carter McBride LLC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/02/2026	Aggregate Contributions \$500.00	\$500.00
Last Name Gualtieri		First Name Deno		MI O	
Residential Street Address 26 Codfish Hill Rd		City Bethel		State CT	Zip Code 06801
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/25/2026	Aggregate Contributions \$150.00	\$150.00
Last Name Ryan		First Name Diane		MI	
Residential Street Address 13 Karen		City Bethel		State CT	Zip Code 06801
Principal Occupation Retired			Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order			Date Received 03/25/2026	Aggregate Contributions \$150.00	\$150.00
<b>Total of Section B</b>					<b>\$2,550.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)					<b>\$2,550.00</b>

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT	
Bethel Republican Town Committee					April 10 Filing - Original	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
DAN FOR BETHEL				PATRICIA SELL		
Address		Is this contribution associated with an event reported in Section L1?			Amount of Contribution	
14 Katrina Cir		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions		
Bethel	CT	06801	03/30/2026	\$5,697.40	\$5,697.40	
<b>Total of Section C1</b>					<b>\$5,697.40</b>	

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

NAME OF COMMITTEE					TYPE OF REPORT	
Bethel Republican Town Committee					April 10 Filing - Original	
<b>C2. Reimbursements or Surplus Distributions from other Committees</b>						
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					
<b>Total of Section C2</b>						

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bethel 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
Bethel 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
Bethel 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
Bethel 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	
Bethel 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	Amount
	Cash                      Personal Check                      Credit/Debit Card	
<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
Bethel 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	
<b>Total of Section J</b>			

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

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

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction	Amount Received	
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
Bethel Republican Town Committee	April 10 Filing - Original

**L1. Event Information**

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		Yes	<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>	
		No		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<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?		Yes	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		No		
<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?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<b>Total of Section L1</b>				

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

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

**M. In-Kind Contributions**

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

**Total of Section M**

**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
Bethel 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
Bethel Republican Town Committee	April 10 Filing - Original
<b>P. Expenses Paid By Committee</b>	

Name of Payee Anedot	Date of Payment 01/14/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St	City New Orleans	State LA	Zip Code 70112

Purpose of Expenditure (by code)  BNK	Description fees paid for online contributions	Event #
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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  \$28.60
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Name of Payee JOHN LENNON	Date of Payment 01/20/2026	Method of Payment <input checked="" type="checkbox"/> Check # 2127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address OLD TURNPIKE ROAD	City Bethel	State CT	Zip Code 06801

Purpose of Expenditure (by code)  OVHD	Description COSTS OF ELECTION SUPPLIES - HOME DEPOT, POSTAGE	Event #
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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  \$484.87
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Name of Payee Bethel Parks and Rec / Town of Bethel	Date of Payment 02/27/2026	Method of Payment <input checked="" type="checkbox"/> Check # 2129 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 School St .	City Bethel	State CT	Zip Code 06801

Purpose of Expenditure (by code)  FNDR *	Description PARK RESERVATION FOR JULY LOBSTER FEST AT BENNETT PARK	Event #
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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  \$375.00
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**IV. EXPENDITURES (Sections P - T)**

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

**P. Expenses Paid By Committee**

Name of Payee JOHN LENNON		Date of Payment 03/01/2026	Method of Payment <input checked="" type="checkbox"/> Check # 2130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address OLD TURNPIKE ROAD		City Bethel	State CT	Zip Code 06801
Purpose of Expenditure (by code) OVHD	Description EVERSOURCE BILLS FOR OCT NOV DEC 2026 FOR GOP HDQS			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 \$349.30
Name of Payee GOOGLE LLC		Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1600 Amphitheatre Pkwy		City Mountain View	State CA	Zip Code 94043
Purpose of Expenditure (by code) WEB	Description fees for 1/2, 2/2, 3/2 for Googles workspace fees			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$26.79
Name of Payee Ct Post		Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 301 Merritt 7 Ste 1		City Norwalk	State CT	Zip Code 06851
Purpose of Expenditure (by code) A-NEWS	Description Legal AD for January 2026 Caucus			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 \$200.40

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>	<b>TYPE OF REPORT</b>
Bethel Republican Town Committee	April 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee BETHEL CHAMBER OF COMMERCE		Date of Payment 03/05/2026	Method of Payment <input checked="" type="checkbox"/> Check # 3131 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1 School St		City Bethel	State CT	Zip Code 06801
Purpose of Expenditure (by code) Misc *	Description CHAMBER OF COMMERCE YEARLY MEMBERSHIP FEE 2026			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 \$75.00

**Total of Section P**

**\$1,539.96**

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

<b>NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)</b>	<b>TYPE OF REPORT</b>
	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 #	<b>Amount</b>	

**Total of Section Q**

**IV. EXPENDITURES**

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

**R. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution	Type of Credit Card: Visa      Master Card      Discover      American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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Purpose of Expenditure (by code)	Description	Event #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)      Independent Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D	Amount
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<b>Total of Section R</b>	
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**IV. EXPENDITURES**

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

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bethel 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
LENNON	JOHN		09/23/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
HOME DEPOT	<input checked="" type="checkbox"/> Check # 2127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
Federal Road	Danbury	CT	06810

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	WIRE SUPPORTS FOR LAWN SIGNS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$213.17

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
LENNON	JOHN		10/22/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
BJS	<input checked="" type="checkbox"/> Check # 2127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
Federal Road	Brookfield	CT	06804

Purpose of Expenditure (by code)	Description	Event #
FOOD	HALLOWEEN CANDY FOR BOOTH AT TRICK OR TREAT STREET	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$53.67

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bethel 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
LENNON	JOHN		11/01/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
USPS	<input checked="" type="checkbox"/> Check # 2127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
10 Library Pl	Bethel	CT	06801

Purpose of Expenditure (by code)	Description	Event #
A-DM	STAMPS FOR ELECTION MATERIALS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$122.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
LENNON	JOHN		12/01/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
EVERSOURCE	<input checked="" type="checkbox"/> Check # 2127 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
PO Box 56002	Boston	MA	02205

Purpose of Expenditure (by code)	Description	Event #
OVHD	ELECTRIC BILL FOR HDQS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$96.03

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Bethel 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
LENNON	JOHN		02/07/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
EVERSOURCE	<input checked="" type="checkbox"/> Check # 2130 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
PO Box 56002	Boston	MA	02205

Purpose of Expenditure (by code)	Description	Event #
OVHD	EVERSOURCE BILLS FOR HDQS	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$349.30

**Total of Section T      \$834.17**

**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	
<b>P. Expenses Paid By Committee - 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	
Are Limits Aggregated? <b>Yes</b> <b>No</b>	Aggregating Committees		

**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		
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure #	Supported	Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)		Cost Allocated to Candidate or Committee

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

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

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