

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 | | | |
| Orange Republican Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Despina | MI M | Last Esposito | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 118 Kennedy Dr | City Orange | State CT | Zip Code 06477 |
| 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 | | | |
| January 10 Filing - Original | | | |
| 9. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 10/27/2025 | | thru 12/31/2025 | |
| 10. CERTIFICATION | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | |
| Electronic Filing | Despina Esposito | 01/05/2026 8:22:39AM | |
| SIGNATURE | PRINT NAME OF THE SIGNER | DATE CERTIFIED | |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both. | | | |

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|------------------------------|-----------------------|
| Orange Republican Town Committee | January 10 Filing - Original | |
| | 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 | | \$16,946.69 |
| 12. Balance on hand at the beginning of Reporting Period | \$24,192.21 | |
| 13. Contributions received from Individuals (Section A and B) | \$1,870.00 | \$37,805.00 |
| 14. Receipts from Other Committees (Sections C1 and C2) | \$0.00 | \$0.00 |
| 15. Other Monetary Receipts (Section D through K) | \$0.00 | \$0.00 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | \$0.00 | \$0.00 |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed | | |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3) | \$0.00 | \$3,275.00 |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | \$1,870.00 | \$41,080.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$26,062.21 | \$58,026.69 |
| 19. Expenses Paid by Committee (Section P) | \$13,351.94 | \$45,316.42 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$12,710.27 | \$12,710.27 |
| 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 |
| Orange Republican Town Committee | January 10 Filing - Original |

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

(See instructions for definition of Small Contributor)

Subtotal Section A

\$380.00**B. Itemized Contributions from Individuals**

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Hurley | | First Name Mary | | MI K |
| Residential Street Address 1050 Garden Rd | | City Orange | State CT | Zip Code 06477 |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Driver | | First Name Angela | | MI |
| Residential Street Address 183 Winslow Dr | | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$175.00 | \$100.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Mcdonough | | First Name Michael | | MI |
| Residential Street Address 370 Grassy Hill Rd | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Sales | | Name of Employer Little Inc | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$185.00 | \$70.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|--|--------------------------|
| Last Name James | | First Name Ronnette | | MI |
| Residential Street Address 48 Putting Green Ln | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Teacher | | Name of Employer East Haven BoE | | |
| 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$275.00 | \$35.00 |

| | | | | |
|---|--|------------------------------------|---|--------------------------|
| Last Name Raccio | | First Name Sharon | | MI |
| Residential Street Address 59 Wedgwood Dr . | | City Orange | State CT | Zip Code 06477 |
| 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|--|--|--------------------------|
| Last Name Hannan | | First Name Gregg | | MI |
| Residential Street Address 246 Reeds Gap Rd | | City Northford | State CT | Zip Code 06472 |
| Principal Occupation Attorney | | Name of Employer State of CT | | |
| 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$100.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-------------------------------------|-------------------------------------|------------------------|
| Last Name Collins | | First Name Raymond | | MI V |
| Residential Street Address 7 Appletree Ter | | City West Haven | State CT | Zip Code 06516 |
| Principal Occupation Sales | | Name of Employer Brescome Barton | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$100.00 | \$25.00 |

| | | | | |
|---|--|---|-------------------------------------|------------------------|
| Last Name Dalton | | First Name Robert | | MI V |
| Residential Street Address 43 S Lakeside Dr . | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Principle Financial Analyst | | Name of Employer Lenando DrsNaval Tech | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$100.00 | \$50.00 |

| | | | | |
|---|--|-------------------------------------|-------------------------------------|------------------------|
| Last Name Scarinzi | | First Name Anthony | | MI P |
| Residential Street Address 290 Oakview Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Computer Programmer | | Name of Employer Acquarian Water | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$215.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Pellegrino | | First Name Jim | | MI |
| Residential Street Address 380 Spring St | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Sales | | Name of Employer Barracuda | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$75.00 | |
| \$50.00 | | | | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Weaver | | First Name Owen | | MI |
| Residential Street Address 23 Green HI | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Attorney | | Name of Employer Zabel Schellenberg PC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$175.00 | |
| \$25.00 | | | | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Carangelo | | First Name John | | MI J |
| Residential Street Address 534 Holliwel Ave | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Attorney | | Name of Employer Self Employed | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$395.00 | |
| \$25.00 | | | | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name McGuire | | First Name Kathleen | | MI |
| Residential Street Address 14 Crofut | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation IT | | Name of Employer CHM | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$125.00 | \$25.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Mudrick | | First Name Warren | | MI |
| Residential Street Address 411 Prudden | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$210.00 | \$50.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Cap | | First Name Jeffrey | | MI |
| Residential Street Address 311 Lambert Rd | | City Orange | State CT | Zip Code 06477 |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---------------------------------|------------------------------------|-------------------|
| Last Name Glenny | | First Name Jonathan | | MI |
| Residential Street Address 20 Green Hill Rd | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation | | Name of Employer Spine Ortho | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 10/30/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|--------------------------------------|-------------------------------------|-------------------|
| Last Name Gloria, | | First Name Louis | | MI |
| Residential Street Address 760 Dennis Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Financial Services | | Name of Employer Procyon Partners | | |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 10/30/2025 | Aggregate Contributions \$480.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Courtney | | First Name Clay | | MI |
| Residential Street Address 825 Glen Rd | | City Orange | State CT | Zip Code 06477 |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 10/30/2025 | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|------------------------------------|-------------------|
| Last Name Scarinzi | | First Name Mark | | MI |
| Residential Street Address 314 Ann Rose Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Finance | | Name of Employer Quinnipiac University | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 10/30/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Stephen | | First Name Murphy | | MI |
| Residential Street Address 447 David Ct | | City Orange | State CT | Zip Code 06477 |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| 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 10/30/2025 | Aggregate Contributions \$100.00 | \$100.00 |

| | | | | |
|---|--|------------------------------|-------------------------------------|-------------------|
| Last Name Parente | | First Name Oscar | | MI M |
| Residential Street Address 475 Peck Ln | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Law | | Name of Employer Attorney | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$230.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|--|--------------------------|
| Last Name Leahy | | First Name James | | MI |
| Residential Street Address 495 Lambert Rd | | City Orange | State CT | Zip Code 06477 |
| 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$230.00 | \$25.00 |
| Last Name Roberts | | First Name Freeman | | MI |
| Residential Street Address 230 Pine Tree Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Graphic Desginer | | 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$95.00 | \$50.00 |
| Last Name Kraut | | First Name Bill | | MI |
| Residential Street Address PO Box 962 | | City Orange | State CT | Zip Code 06477 |
| 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 # 10302025A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Rossman | | First Name Henrietta | | MI |
| Residential Street Address 600 Grassy Hill Rd | | City Orange | State CT | Zip Code 06477 |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|--|------------------------------------|------------------------|
| Last Name Toohey | | First Name Judith | | MI |
| Residential Street Address 606 Grassy Hill Rd | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$50.00 | \$50.00 |

| | | | | |
|---|--|--|---------------------------------------|------------------------|
| Last Name Pritchard | | First Name John | | MI |
| Residential Street Address 212 Argyle Rd | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Bus Services | | Name of Employer Pritchard Assoc | | |
| 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$1,325.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Houlihan | | First Name Kevin | | MI |
| Residential Street Address 448 Barton Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation CPA | | 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$140.00 | \$100.00 |
| Last Name Arnold | | First Name Karen | | MI |
| Residential Street Address 28 Tyler City Rd | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation Legal Assist. | | Name of Employer Attorney Marino | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$115.00 | \$25.00 |
| Last Name Esposito | | First Name Despina | | MI |
| Residential Street Address 118 Kennedy Dr | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation HR | | Name of Employer NCDC of OK | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$390.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Logioco | | First Name Patricia | | MI |
| Residential Street Address 383 Manley Heighths | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation | | 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 # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 10/30/2025 | Aggregate Contributions \$165.00 | \$100.00 |
| Last Name Logioco | | First Name Patricia | | MI |
| Residential Street Address 383 Manley Heighths | | City Orange | State CT | Zip Code 06477 |
| Principal Occupation | | 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 checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>10302025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input 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 10/30/2025 | Aggregate Contributions \$165.00 | \$10.00 |
| Total of Section B | | | \$1,490.00 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS | | | \$1,870.00 | |

(Sections A & B)

(Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 |
| Orange Republican Town Committee | January 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 |
| Orange Republican Town Committee | January 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 | | |
| Total of Section D | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|----------------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 | | |
| Total of Section E | | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 |
| Total of Section F | | | | | |

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

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

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

I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|----------------------------------|------------------------------|
| Orange Republican Town Committee | January 10 Filing - Original |

K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | Date of Transaction | | Amount Received |
|---------------------------|---------------------|-------|-----------------|
| Street Address | City | State | |
| 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 |
|--|------------------------------|
| Orange Republican Town Committee | January 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 | | |
| Total of Section L1 | | | | |

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

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

II. EVENT ACTIVITY (Sections L1 - L5)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 | |
| | | | Total of Section L4 |

II. EVENT ACTIVITY (Sections L1 - L5)

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

P. Expenses Paid By Committee

| | | | | |
|---|--|-------------------------------|--|-----------------------|
| Name of Payee Freeman Roberts Marketing Communications | | Date of Payment 11/04/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2652 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 230 Pinetree Dr . | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expenditure (by code) A-DM | Description Campaign mailers / advertising | | | Event # |
| Expenditure # (if applicable) 604075 | Type of Expenditure (Itemization in Addendum P 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"/> Coordinated without reimbursement sought (in-kind contribution) | | | Amount \$11,576.84 |
| | | | <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | |
| Name of Payee Chad Lombardi | | Date of Payment 11/04/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2653 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 879 Blackberry Holw | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expenditure (by code) RMB | Description Election Day expenses | | | 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"/> Coordinated without reimbursement sought (in-kind contribution) | | | Amount \$773.68 |
| | | | <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | |
| Name of Payee Ronnelle James | | Date of Payment 11/10/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2654 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 48 Putting Green Ln | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expenditure (by code) RMB | Description Beverages - election night | | | 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"/> Coordinated without reimbursement sought (in-kind contribution) | | | Amount \$90.22 |
| | | | <input type="checkbox"/> Independent <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|---|--------------------|
| Name of Payee Right Insight | | Date of Payment 12/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2655 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address PO Box 421 | | City Boise | State ID | Zip Code 83701 |
| Purpose of Expenditure (by code) A-ATM | Description SMS text message | | | 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 \$355.00 |
| Name of Payee Chad Lombardi | | Date of Payment 12/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2656 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 879 Blackberry Holw | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expenditure (by code) PTY-BLDG | Description After election team building | | | 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 \$141.90 |
| Name of Payee Chad Lombardi | | Date of Payment 12/01/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 879 Blackberry Holw | | City Orange | State CT | Zip Code 06477 |
| Purpose of Expenditure (by code) FOOD | Description Christmas Party 12/17/2025 | | | 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 \$400.00 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|---|---|-------------------------------|--|--------------------|
| Name of Payee Anedot | | Date of Payment 12/31/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1201 W Peachtree | | City Atlanta | State GA | Zip Code 30309 |
| Purpose of Expenditure (by code) BNK | Description Anedot bank fees 4th quarter | | | 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 \$14.30 |
| Total of Section P | | | | \$13,351.94 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| | January 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 | |
| Total of Section Q | | | | |

IV. EXPENDITURES

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 |
|-----------------------------|--|

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

| | |
|---------------------------|--|
| Total of Section R | |
|---------------------------|--|

IV. EXPENDITURES

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 (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) |
|------------------------------|--|--------------------------------------|

| | |
|---------------------------|--|
| Total of Section S | |
|---------------------------|--|

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Orange Republican Town Committee | January 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 (Itemization in Addendum 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 |
| Orange Republican Town Committee | January 10 Filing - Original |

P. Expenses Paid By Committee - Addendum

| | | |
|---------------|--|-----------------------|
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 604075 | | \$11,576.84 |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| James Zeoli | First Selectman | \$5,538.34 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| ORTC | Board of Selectman | \$1,166.00 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| ORTC | Board of Finance | \$874.50 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| ORTC | Zoning Commission | \$874.50 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| ORTC | Town Clerk | \$541.50 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-------------------------------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| ORTC | Tax Collector | \$541.50 |

| | |
|--|------------------------|
| Are Limits Aggregated? | Aggregating Committees |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|--|
| Name of Candidate or Committee ORTC | Office Sought (if applicable) Board of Education | Cost Allocated to Candidate or Committee \$1,457.50 |
|--|---|--|

| | | |
|--|------------------------|--|
| Are Limits Aggregated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregating Committees | |
|--|------------------------|--|

| | | |
|--|--|--|
| Name of Candidate or Committee ORTC | Office Sought (if applicable) Regional Board of Education | Cost Allocated to Candidate or Committee \$583.00 |
|--|--|--|

| | | |
|--|------------------------|--|
| Are Limits Aggregated? <input type="checkbox"/> Yes <input type="checkbox"/> No | Aggregating Committees | |
|--|------------------------|--|

Section R. ADDENDUM

| | |
|-------------------|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |

R. Expenses Incurred on Committee Credit Card - Addendum

| Expenditure # | Supported | Opposed | Amount of Expenditure |
|--------------------------------|-------------------------------|---------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | | Cost Allocated to Candidate or Committee |

Section S. ADDENDUM

| | |
|-------------------|----------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| | |

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

| Expenditure # | Supported | Opposed | Amount of Expenditure |
|--------------------------------|-------------------------------|---------|--|
| Name of Candidate or Committee | Office Sought (if applicable) | | Cost Allocated to Candidate or Committee |

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