

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 15

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                        |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| East Haven Republican Town Committee                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| First<br>Donald                                                                                                                                                                                                                                                | MI                                                      | Last<br>Surprenant                     | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| Street Address<br>501 Strong St                                                                                                                                                                                                                                | City<br>East Haven                                      | State<br>CT                            | Zip Code<br>06512                  |
| 4. ELECTION/REFERENDUM DATE                                                                                                                                                                                                                                    | 5. OFFICE SOUGHT (Complete only if Candidate Committee) |                                        | 6. DISTRICT NUMBER (if applicable) |
|                                                                                                                                                                                                                                                                |                                                         |                                        |                                    |
| 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)                                                                                                                                                                                        |                                                         |                                        |                                    |
| First                                                                                                                                                                                                                                                          | MI                                                      | Last                                   | Suffix                             |
| 8. TYPE OF REPORT                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| January 10 Filing - Amendment                                                                                                                                                                                                                                  |                                                         |                                        |                                    |
| 9. PERIOD COVERED                                                                                                                                                                                                                                              |                                                         |                                        |                                    |
| Beginning Date<br>10/27/2025                                                                                                                                                                                                                                   |                                                         |                                        |                                    |
| Ending Date<br>12/31/2025                                                                                                                                                                                                                                      |                                                         |                                        |                                    |
| thru                                                                                                                                                                                                                                                           |                                                         |                                        |                                    |
| 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. |                                                         |                                        |                                    |
| Electronic Filing<br>SIGNATURE                                                                                                                                                                                                                                 | Donna Richo<br>PRINT NAME OF THE SIGNER                 | 07/02/2026 1:28:33PM<br>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                       |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------|
| <b>East Haven Republican Town Committee</b>                                                                                                              | <b>January 10 Filing - Amendment</b> |                       |
|                                                                                                                                                          | COLUMN A<br>This Period              | COLUMN B<br>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>\$1,339.22</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$5,817.99</b>                    |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$0.00</b>                        | <b>\$14,915.00</b>    |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)                                                                                                        | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                              | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                   |                                      |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                  | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                        | <b>\$0.00</b>                        | <b>\$14,915.00</b>    |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$5,817.99</b>                    | <b>\$16,254.22</b>    |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$1,043.11</b>                    | <b>\$11,479.34</b>    |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$4,774.88</b>                    | <b>\$4,774.88</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                 | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)                                                                            | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)                                                                                                           | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section N)                                                                                                  | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 25. Loan Balance                                                                                                                                         | <b>\$0.00</b>                        |                       |
| 25a. + Loans Received (Section D)                                                                                                                        | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)                                                                                                                 | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 25c. - Payments on Loan                                                                                                                                  | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount                                                                                                                       | <b>\$0.00</b>                        |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)                                                                                                      | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)                                                                                               | <b>\$0.00</b>                        | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)                                                                           | <b>\$0.00</b>                        |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)                                                                           | <b>\$0.00</b>                        |                       |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                                                                                                        |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|-------------------------------|-------|-----------|------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                   |                |                   |                                                                                                                                                                                                                                       |             |                  | TYPE OF REPORT                |       |           |                        |
| East Haven Republican Town Committee                                                                                                             |                |                   |                                                                                                                                                                                                                                       |             |                  | January 10 Filing - Amendment |       |           |                        |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b><br><i>(See instructions for definition of Small Contributor)</i> |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |
| <b>Subtotal Section A</b>                                                                                                                        |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |
| <b>B. Itemized Contributions from Individuals</b>                                                                                                |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |
| Last Name                                                                                                                                        |                |                   |                                                                                                                                                                                                                                       |             | First Name       |                               |       | MI        |                        |
| Residential Street Address                                                                                                                       |                |                   |                                                                                                                                                                                                                                       | City        |                  |                               | State | Zip Code  |                        |
| Principal Occupation                                                                                                                             |                |                   |                                                                                                                                                                                                                                       |             | Name of Employer |                               |       |           |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?                                                                             |                | Yes<br>No         | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? |             |                  |                               |       | Yes<br>No | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #                                                    |                | Yes<br>No         | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:                                                                      |             |                  |                               |       | Yes<br>No |                        |
|                                                                                                                                                  |                |                   | Executive      Legislative                                                                                                                                                                                                            |             |                  |                               |       |           |                        |
| Method of Contribution                                                                                                                           |                |                   |                                                                                                                                                                                                                                       |             | Date Received    | Aggregate Contributions       |       |           |                        |
| Cash                                                                                                                                             | Personal Check | Credit/Debit Card | Payroll Deduction                                                                                                                                                                                                                     | Money Order |                  |                               |       |           |                        |
| <b>Total of Section B</b>                                                                                                                        |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>                                    |                |                   |                                                                                                                                                                                                                                       |             |                  |                               |       |           |                        |

| <b>I. MONETARY RECEIPTS (Section A-K)</b>                                      |  |  |                                                                       |          |                   |                               |  |                        |  |
|--------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------|----------|-------------------|-------------------------------|--|------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |  |  |                                                                       |          |                   | TYPE OF REPORT                |  |                        |  |
| East Haven Republican Town Committee                                           |  |  |                                                                       |          |                   | January 10 Filing - Amendment |  |                        |  |
| <b>C1. Contributions from Other Committees</b>                                 |  |  |                                                                       |          |                   |                               |  |                        |  |
| Name of Committee                                                              |  |  |                                                                       |          | Name of Treasurer |                               |  |                        |  |
| Address                                                                        |  |  | Is this contribution associated with an event reported in Section L1? |          |                   |                               |  | Amount of Contribution |  |
|                                                                                |  |  | Yes      No                                                           |          |                   |                               |  |                        |  |
| City                                                                           |  |  | State                                                                 | Zip Code | Date Received     | Aggregate Contributions       |  |                        |  |
| <b>Total of Section C1</b>                                                     |  |  |                                                                       |          |                   |                               |  |                        |  |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| NAME OF COMMITTEE                    | TYPE OF REPORT                |
| East Haven Republican Town Committee | January 10 Filing - Amendment |

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

|                               |             |          |                                                                          |  |                   |
|-------------------------------|-------------|----------|--------------------------------------------------------------------------|--|-------------------|
| Name of Committee             |             |          | Name of Treasurer                                                        |  |                   |
| Address                       |             |          | Date Received                                                            |  | Amount of Receipt |
| City                          | State       | Zip Code | Payment Type<br>Reimbursement for shared expense<br>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                |
| East Haven Republican Town Committee                                           | January 10 Filing - Amendment |

**D. Loans Received this Period**

|                                            |  |                                                                   |       |          |                                                               |                 |
|--------------------------------------------|--|-------------------------------------------------------------------|-------|----------|---------------------------------------------------------------|-----------------|
| Name of Lender                             |  | Source of Loan:<br>Bank      Candidate      Individual      Other |       |          |                                                               | Date of Receipt |
| Street Address                             |  | City                                                              | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>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

East Haven Republican Town Committee

January 10 Filing - Amendment

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

Name of Entity

Street Address

Date Received

Amount Received

City

State

Zip Code

Aggregate Contributions

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

East Haven Republican Town Committee

January 10 Filing - Amendment

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

Date of Receipt

Is this transaction associated with an event  
reported in Section L1?

Yes

No

If yes, list Event #

Amount

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

NAME OF COMMITTEE

TYPE OF REPORT

East Haven Republican Town Committee

January 10 Filing - Amendment

**G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (*Organization Committees ONLY*)**

Date of Receipt

Amount

**Total of Section G**

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

|                                                                                            |                   |                               |                   |
|--------------------------------------------------------------------------------------------|-------------------|-------------------------------|-------------------|
| NAME OF COMMITTEE                                                                          |                   | TYPE OF REPORT                |                   |
| East Haven Republican Town Committee                                                       |                   | January 10 Filing - Amendment |                   |
| <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>                                                                  |                   |                               |                   |

**I. Monetary Receipts (Section A-K)**

|                                                                                |      |                               |          |
|--------------------------------------------------------------------------------|------|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |      | TYPE OF REPORT                |          |
| East Haven Republican Town Committee                                           |      | January 10 Filing - Amendment |          |
| <b>J. Interest from Deposits in Authorized Accounts</b>                        |      |                               |          |
| Name of Institution                                                            |      | Date Received                 |          |
|                                                                                |      |                               |          |
| Street Address                                                                 | City | State                         | Zip Code |
|                                                                                |      |                               |          |
| <b>Total of Section J</b>                                                      |      |                               |          |

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

|                                                                        |      |                               |                 |
|------------------------------------------------------------------------|------|-------------------------------|-----------------|
| NAME OF COMMITTEE                                                      |      | TYPE OF REPORT                |                 |
| East Haven Republican Town Committee                                   |      | January 10 Filing - Amendment |                 |
| <b>K. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |                               |                 |
| Name                                                                   |      | Date of Transaction           |                 |
|                                                                        |      |                               |                 |
| Street Address                                                         | City | State                         | Zip Code        |
|                                                                        |      |                               |                 |
| Description                                                            |      |                               | Amount Received |
|                                                                        |      |                               |                 |
| <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                                                                                                                                                                                                                      |                                         |
| East Haven Republican Town Committee                                                                                                                                                                                               |        | January 10 Filing - Amendment                                                                                                                                                                                                       |                                         |
| <b>L1. Event Information</b>                                                                                                                                                                                                       |        |                                                                                                                                                                                                                                     |                                         |
| Event #<br>Date of Event                                                                                                                                                                                                           | Letter | Description                                                                                                                                                                                                                         | Was this a fundraising event?<br>Yes No |
| Location: Street Address                                                                                                                                                                                                           |        | City                                                                                                                                                                                                                                | State Zip Code                          |
| <i>Subpart 1: (All Committees)</i><br>Was this event hosted at a personal residence?                                                                                                                                               |        | Yes<br>No<br><i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |                                         |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                                                                                        |        | Yes<br>No<br><i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>                                                                                                    |                                         |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                                                                                                          |        | Yes<br>No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |                                         |
| <i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i><br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? |        | Yes<br>No<br><i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>                                                                                     |                                         |
| <i>Subpart 3: (Town Committees ONLY)</i><br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                                                               |        | Yes<br>No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |                                         |
| <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                                                               |                                                       |
| East Haven Republican Town Committee                                           |         | January 10 Filing - Amendment                                                |                                                       |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |                                                                              |                                                       |
| Name of Purchaser                                                              |         | Purchase Made By:<br>Business Entity Other<br>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 |
| <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                |
|--------------------------------------------------------------------------------|-------------------------------|
| East Haven Republican Town Committee                                           | January 10 Filing - Amendment |

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

|                                                                                        |                         |         |                                |                               |
|----------------------------------------------------------------------------------------|-------------------------|---------|--------------------------------|-------------------------------|
| Name of the Donor                                                                      |                         |         |                                |                               |
| Street Address                                                                         |                         | City    |                                | State    Zip Code             |
| Donation Given by:<br><br>Business Entity<br><br>Individual<br><br>Sole Proprietorship | Description of Donation |         |                                | Fair Market Value of Donation |
|                                                                                        | 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                |
|--------------------------------------------------------------------------------|-------------------------------|
| East Haven Republican Town Committee                                           | January 10 Filing - Amendment |

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

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

**Total of Section L5**



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

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

**M. In-Kind Contributions**

|                                                                       |           |                                                                                                                                                                                                                                          |                                        |
|-----------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| Name                                                                  |           |                                                                                                                                                                                                                                          |                                        |
| Street Address                                                        |           | City                                                                                                                                                                                                                                     | State                                  |
|                                                                       |           |                                                                                                                                                                                                                                          | Zip Code                               |
| Type of Contributor: Committee                                        |           | Date Received                                                                                                                                                                                                                            | Aggregate contributions                |
| Individual / Sole Proprietorship Other                                |           |                                                                                                                                                                                                                                          | Description of In-Kind Contribution    |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?  | Yes<br>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<br>No                              |
| Is this contribution associated with an event reported in Section L1? | Yes<br>No | Is contributor a principal of state contractor or prospective state contractor?                                                                                                                                                          | Yes<br>No                              |
| If yes, list Event#                                                   |           | If yes, indicate which branch or branches of government the contract is with:                                                                                                                                                            | Executive<br>Legislative               |
|                                                                       |           |                                                                                                                                                                                                                                          | Fair Market Value of this Contribution |

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

| NAME OF COMMITTEE                    | TYPE OF REPORT                |
|--------------------------------------|-------------------------------|
| East Haven Republican Town Committee | January 10 Filing - Amendment |

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

East Haven Republican Town Committee

January 10 Filing - Amendment

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Eric Kropiwnicki              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>12/17/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1395<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                       |
| Street Address<br>32 Legend Ln                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>East Haven            | State<br>CT                                                                                                                               | Zip Code<br>06512     |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Trunk or Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                           | Event #               |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$68.98 |

  

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Eric Kropiwnicki              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>12/17/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1394<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>32 Legend Ln                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>East Haven            | State<br>CT                                                                                                                               | Zip Code<br>06512      |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Tent and backdrop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$453.00 |

  

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Payee<br>Loria Jaffe                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>12/17/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1396<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                       |
| Street Address<br>140 Mill St # 637            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>East Haven            | State<br>CT                                                                                                                               | Zip Code<br>06512     |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Sunshine expendasure flowers death of parent                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                           | Event #               |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$53.18 |

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

East Haven Republican Town Committee

January 10 Filing - Amendment

**P. Expenses Paid By Committee**

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                        |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>Rib House                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>12/17/2025 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1397<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>16 Main St                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>East Haven            | State<br>CT                                                                                                                               | Zip Code<br>06512      |
| Purpose of Expenditure (by code)<br><br>FOOD   | Description<br>Christmas Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$300.00 |
| Name of Payee<br>Hearst media group            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>12/23/2025 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                        |
| Street Address<br>301 Merritt 7 Ste 1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Norwalk               | State<br>CT                                                                                                                               | Zip Code<br>06851-1075 |
| Purpose of Expenditure (by code)<br><br>Misc * | Description<br>Advertisement for RTC caucus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                  | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><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<br><br>\$167.95 |
| <b>Total of Section P</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>\$1,043.11</b>                                                                                                                         |                        |

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

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

**IV. EXPENDITURES**

|                                                                                |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    |                               |          |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------------------------------------------|-------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    | TYPE OF REPORT                |          |
| East Haven Republican Town Committee                                           |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    | January 10 Filing - Amendment |          |
| <b>R. Expenses Incurred on Committee Credit Card</b>                           |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    |                               |          |
| Name of Issuing Institution                                                    |                                                                                                                                                                                                                                                                                                                                 |      | Type of Credit Card:                                               |                               |          |
|                                                                                |                                                                                                                                                                                                                                                                                                                                 |      | Visa      Master Card      Discover      American Express<br>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)<br><br>None of the below<br><br>Coordinated with reimbursement sought (joint expenditure)      Independent<br><br>Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D |      |                                                                    |                               | Amount   |
|                                                                                |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    |                               |          |
| <b>Total of Section R</b>                                                      |                                                                                                                                                                                                                                                                                                                                 |      |                                                                    |                               |          |

**IV. EXPENDITURES**

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

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

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

| Section L5. ADDENDUM                                                                                |                |
|-----------------------------------------------------------------------------------------------------|----------------|
| NAME OF COMMITTEE                                                                                   | TYPE OF REPORT |
|                                                                                                     |                |
| <b>L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b> |                |
| <b>Event #</b>                                                                                      |                |
| 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?<br><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                           |                              |
|                                                                                     |                               |                                          |                              |
| <b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b> |                               |                                          |                              |
| <b>Expenditure #</b>                                                                | <b>Supported</b>              | <b>Opposed</b>                           | <b>Amount of Expenditure</b> |
| Name of Candidate or Committee                                                      | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |                              |

### Section T. ADDENDUM

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