

SEEC FORM 20

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 32

COVER PAGE

1. NAME OF COMMITTEE			
Berlin Republican Town Committee			
2. TREASURER NAME			
First	MI	Last	Suffix
Salvatore	S	Bordonaro	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
81 Gianna Ln	Berlin	CT	06037
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			
July 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date Ending Date			
04/01/2026 thru 06/30/2026			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing	Salvatore Bordonaro	07/07/2026 9:03:21AM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
Berlin Republican Town Committee	July 10 Filing - Original	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$7,840.79
12. Balance on hand at the beginning of Reporting Period	\$7,487.39	
13. Contributions received from Individuals (Section A and B)	\$2,076.18	\$2,956.71
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$78.75
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$2,076.18	\$3,035.46
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,563.57	\$10,876.25
19. Expenses Paid by Committee (Section P)	\$2,221.06	\$3,533.74
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$7,342.51	\$7,342.51
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$170.00	\$170.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$745.07	\$1,149.62
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$120.98	

I. MONETARY RECEIPTS (Section A-K)

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

A. Total Contributions from Small Contributors-Received this Period ONLY*(See instructions for definition of Small Contributor)***Subtotal Section A****\$644.00****B. Itemized Contributions from Individuals**

Last Name Bordonaro		First Name Salvatore		MI S
Residential Street Address 81 Gianna Ln		City Berlin	State CT	Zip Code 06037-0603
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/01/2026	Aggregate Contributions \$1.35	
				\$1.35

Last Name Bordonaro		First Name Salvatore		MI S
Residential Street Address 81 Gianna Ln		City Berlin	State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/01/2026	Aggregate Contributions \$53.75	
				\$1.35

Last Name Pavano		First Name Gary		MI
Residential Street Address 67 Hickory Hill Rd		City Berlin	State CT	Zip Code 06037
Principal Occupation HVAC Tech		Name of Employer Hospital for Special Care		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$36.77	
				\$36.77

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Nappi		First Name Gina		MI
Residential Street Address 5 Pheasant Run		City Berlin	State CT	Zip Code 06037
Principal Occupation N/A		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$52.40	
				\$52.40

Last Name Diakun		First Name John		MI F
Residential Street Address 76 Hemlock Rdg		City Berlin	State CT	Zip Code 06037
Principal Occupation Attorney		Name of Employer City of New Britain		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$104.48	
				\$104.48

Last Name Bordonaro		First Name Salvatore		MI S
Residential Street Address 81 Gianna Ln		City Berlin	State CT	Zip Code 06037-0603
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$1.35	
				\$1.35

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name DeDominicis		First Name Richard		MI
Residential Street Address 27 Bluebird Ln		City Berlin	State CT	Zip Code 06037
Principal Occupation Technician		Name of Employer Eversource		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$36.77	
				\$36.77

Last Name DeDominicis		First Name Antonina		MI A
Residential Street Address 27 Bluebird Ln		City Berlin	State CT	Zip Code 06037
Principal Occupation N/A		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$36.77	
				\$36.77

Last Name Veach		First Name Donna		MI
Residential Street Address 1218 High Rd		City Kensington	State CT	Zip Code 06037
Principal Occupation State Representative		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$85.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Reed		First Name Deb		MI L
Residential Street Address 71 Magnolia Ln		City East Berlin	State CT	Zip Code 06023
Principal Occupation Homemaker		Name of Employer Debi Reed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$385.00	
				\$100.00

Last Name Reed		First Name Deb		MI L
Residential Street Address 71 Magnolia Ln		City East Berlin	State CT	Zip Code 06023
Principal Occupation Homemaker		Name of Employer Debi Reed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$385.00	
				\$250.00

Last Name Jolley		First Name Lisa		MI S
Residential Street Address 54 Redwood Ln		City East Berlin	State CT	Zip Code 06023
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$35.00	
				\$35.00

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kaczynski		First Name Faith		MI M
Residential Street Address 187 Castlewood Dr .		City Berlin	State CT	Zip Code 06037
Principal Occupation Program Coordinator		Name of Employer UCHC Center on Aging		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$50.00	
\$50.00				

Last Name Kaczynski		First Name Mark		MI H
Residential Street Address 187 Castlewood Dr		City Berlin	State CT	Zip Code 06037
Principal Occupation Account Specialist		Name of Employer Associated Security Corp		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$50.00	
\$50.00				

Last Name Greco		First Name Arlene		MI
Residential Street Address 100 Spring Valley Dr		City Berlin	State CT	Zip Code
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$35.00	
\$35.00				

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Whiteside		First Name Corey		MI
Residential Street Address 386 Main St		City East Berlin	State CT	Zip Code 06023
Principal Occupation CPA		Name of Employer Sound Community Service, Inc		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/09/2026	Aggregate Contributions \$109.69	
				\$109.69

Last Name Bordonaro		First Name Salvatore		MI S
Residential Street Address 81 Gianna Ln		City Berlin	State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/10/2026	Aggregate Contributions \$158.23	
				\$104.48

Last Name BROWN		First Name CHERYL		MI
Residential Street Address 99 Whispering Brook Dr		City Berlin	State CT	Zip Code
Principal Occupation Founder		Name of Employer Family Forward Advocacy CT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/10/2026	Aggregate Contributions \$36.77	
				\$36.77

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Skinner		First Name Jane		MI
Residential Street Address 380 Kensington Rd		City Kensington	State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$40.00	
				\$40.00

Last Name Paonessa		First Name Charles		MI R
Residential Street Address 1906 Chamberlain Hwy		City Berlin	State CT	Zip Code 06037
Principal Occupation Contractor		Name of Employer Dura Construction		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$66.98	
				\$25.00

Last Name Millerd		First Name Andra		MI L
Residential Street Address 1231 Orchard Rd		City Berlin	State CT	Zip Code 06037-3531
Principal Occupation retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

Berlin Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Millerd		First Name George		MI
Residential Street Address 1231 Orchard Rd		City Berlin	State CT	Zip Code 06037
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Paonessa		First Name Lecia		MI J
Residential Street Address 1906 Chamberlain Hwy		City Berlin	State CT	Zip Code 06037-3905
Principal Occupation secretary		Name of Employer Town of Berlin		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/18/2026	Aggregate Contributions \$66.98	
				\$25.00

Last Name Wilcox		First Name John		MI N
Residential Street Address 610 Lower Ln		City Berlin	State CT	Zip Code 06037
Principal Occupation Partner/Owner		Name of Employer Hillside Landscaping Co.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/20/2026	Aggregate Contributions \$50.00	
				\$50.00

Total of Section B				\$1,432.18
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$2,076.18

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Berlin Republican Town Committee					July 10 Filing - Original
C1. Contributions from Other Committees					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with an event reported in Section L1?		Yes	No
		If yes, list Event #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT
Berlin Republican Town Committee					July 10 Filing - Original
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee				Name of Treasurer	
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense		
			Surplus Distribution		
Expenditure # (if applicable)	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Berlin Republican Town Committee	July 10 Filing - Original

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

Name of Entity				
Street Address			Date Received	Amount Received
City	State	Zip Code	Aggregate Contributions	

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

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

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

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes	No	If yes, list Event #	Amount
-----------------	--	-----	----	----------------------	--------

Total of Section F

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

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

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT	
Berlin Republican Town Committee			July 10 Filing - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section K				

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Berlin Republican Town Committee			July 10 Filing - Original	
L1. Event Information				
Event # Date of Event 09/18/2026	Letter a	Description Other Event	Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 410 Beckley Rd		City Berlin	State CT	Zip Code 06037
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		☐ Yes ☒ No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☒ Yes ☐ No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		☐ Yes ☒ No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		☐ Yes ☒ No	<i>(If yes, enter Total Receipts here.)</i> \$0.00	
Total of Section L1			\$0.00	

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor					
Allegiance Flag Supply					
Street Address			City		State
7600 Southrail Rd Bldg 300			North Charleston		SC
					Zip Code
					29420-9065
Donation Given by:		Description of Donation			Fair Market Value of Donation
☒ Business Entity		Qty (2) 3'x5' American Flags			
☐ Individual		Date Received	Event #	Aggregate value for this event	
☐ Sole Proprietorship		04/21/2026	09182026a	\$170.00	
Total of Section L4					\$170.00

II.EVENT ACTIVITY (Sections L1 - L5)

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

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

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

Total of Section L5**III. NONMONETARY RECEIPTS (Sections M - O)**

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

M. In-Kind Contributions

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Berlin Republican Town Committee	July 10 Filing - Original

N. Refundable Deposit to Telephone Company

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Anedot Fees		Date of Payment 04/02/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address on line		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) BNK	Description Anedot Processing Fees			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$13.24

Name of Payee American Legion Post 68		Date of Payment 04/03/2026	Method of Payment ☒ Check # 274 ☐ Debit Card ☐ EFT	
Street Address 154 Porters Pass		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) CHAR	Description Donation			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$500.00

Name of Payee Anedot Fees		Date of Payment 04/10/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address on line		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) BNK	Description Anedot Processing Fees			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$10.94

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Walmart		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 161 Berlin Rd		City Cromwell	State CT	Zip Code 06416
Purpose of Expenditure (by code) OFFICE	Description Printer Ink Cartridges			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$84.02
Name of Payee CasaDoro		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 2929 Berlin Tpke		City Newington	State CT	Zip Code 06111
Purpose of Expenditure (by code) Gift *	Description Gift Certificate for Susan Bordonaro for her service as Chair of the BRTC			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$100.00
Name of Payee Name Cheap.com		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address online		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) WEB	Description Annual fee for Domain Name			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$41.88

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Brierley-Johnson The Florist		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 87 High Rd		City Kensington	State CT	Zip Code 06037
Purpose of Expenditure (by code) Gift *	Description Flowers for Outgoing BRTC Officers			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$159.53

Name of Payee The UPS Store		Date of Payment 05/12/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 285 Berlin Tpke		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) OVHD	Description Quantity (50) Copies of Contribution Certification Form			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$31.91

Name of Payee Lecia Paonessa		Date of Payment 05/21/2026	Method of Payment ☒ Check # 275 ☐ Debit Card ☐ EFT	
Street Address 1906 Chamberlain Hwy		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) FOOD	Description Candy for Berlin Memorial Day Parade			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$89.27

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Deborah Reed		Date of Payment 05/23/2026	Method of Payment ☒ Check # 276 ☐ Debit Card ☐ EFT	
Street Address 71 Magnolia Ln		City East Berlin	State CT	Zip Code 06023
Purpose of Expenditure (by code) Gift *	Description Recognition Award Plaques for Prior BRTC Chair and Vice Chair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$175.68

Name of Payee Deborah Reed		Date of Payment 05/23/2026	Method of Payment ☒ Check # 277 ☐ Debit Card ☐ EFT	
Street Address 71 Magnolia Ln		City East Berlin	State CT	Zip Code 06023
Purpose of Expenditure (by code) Gift *	Description BHS Upbeat Picnic Raffle Prize and Giveaways			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$92.35

Name of Payee BHS All Night Grad Party		Date of Payment 05/23/2026	Method of Payment ☒ Check # 278 ☐ Debit Card ☐ EFT	
Street Address n/a		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) Gift *	Description Contribution to the 2026 BHS All Night Grad Party			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$840.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Berlin Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Deborah Reed

Date of Payment

06/13/2026

Method of Payment

☒ X

Check # 279

☐

Debit Card

☐

EFT

Street Address

71 Magnolia Ln

City

East Berlin

State

CT

Zip Code

06023

Purpose of
Expenditure (by code)

Gift *

Description

American Flag for Yankee Peddler Day Drawing

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$26.98

Name of Payee

Donna Veach

Date of Payment

06/13/2026

Method of Payment

☒ X

Check # 280

☐

Debit Card

☐

EFT

Street Address

1218 High Rd

City

Berlin

State

CT

Zip Code

06037

Purpose of
Expenditure (by code)

FOOD

Description

Candy for Berlin Memorial Day Parade

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$55.26

Total of Section P**\$2,221.06**

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

IV. EXPENDITURES

IV. EXPENDITURES				
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Berlin Republican Town Committee			July 10 Filing - Original	
R. Expenses Incurred on Committee Credit Card				
Name of Issuing Institution Webster Bank		Type of Credit Card: ☒ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity The UPS Store			Date of Transaction 04/07/2026	
Street Address 285 Berlin Tpke		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) PRNT	Description Quantity (50) Copies of Contribution Certification Form			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$31.91
Name of Issuing Institution Webster Bank		Type of Credit Card: ☒ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor, Person or Entity Portofinos			Date of Transaction 06/04/2026	
Street Address 246 New Britain Rd		City Berlin	State CT	Zip Code 06037
Purpose of Expenditure (by code) FOOD	Description Recognition Dinner for Prior BRTC Chair and Vice Chair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$713.16
Total of Section R				\$745.07

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

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Reed	First Deborah	MI	Date of Payment to Vendor, Person or Entity 04/06/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Oriental Trading Co.		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 277 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant On-line		City East Berlin	State CT
Zip Code 06023			
Purpose of Expenditure (by code) Gift *	Description BHS Upbeat Picnic Giveaways- Quantity (72) Pencils		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$27.99
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			
Last Name of Worker/Consultant Reed	First Deborah	MI	Date of Payment to Vendor, Person or Entity 04/11/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 277 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant on line		City East Berlin	State CT
Zip Code 06023			
Purpose of Expenditure (by code) Gift *	Description BHS Upbeat Picnic Raffle Prize- Quantity (1) USA Flag Float		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$6.66
☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D			

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Reed	Deborah		04/11/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Amazon	☒ Check # 277 ☐ Debit Card ☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
on line	East Berlin	CT	06023

Purpose of Expenditure (by code)	Description	Event #
Gift *	BHS Upbeat Picnic Raffle Prize- Quantity (2) Inflatable Beach Balls	

Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D	\$4.76

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Reed	Deborah		04/11/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Amazon	☒ Check # 277 ☐ Debit Card ☐ EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
on line	East Berlin	CT	06023

Purpose of Expenditure (by code)	Description	Event #
Gift *	BHS Upbeat Picnic Giveaways - Quantity (120) 250th Anniversary Silicone Bracelets	

Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D	\$24.99

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Paonessa	First Lecia	MI	Date of Payment to Vendor, Person or Entity 05/01/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 275 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant on line		City Berlin	State CT
Purpose of Expenditure (by code) FOOD	Description Candy for Berlin Memorial Day Parade		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$89.27
		☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D	

Last Name of Worker/Consultant Veach	First Donna	MI	Date of Payment to Vendor, Person or Entity 05/09/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 280 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant on line		City Berlin	State CT
Purpose of Expenditure (by code) FOOD	Description Candy for Berlin Memorial Day Parade		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$55.26
		☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D	

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Reed	First Deborah	MI	Date of Payment to Vendor, Person or Entity 05/14/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Marshalls		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 277 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 45 Shunpike Rd		City Cromwell	State CT Zip Code 06416
Purpose of Expenditure (by code) Gift *	Description BHS Upbeat Picnic- Towel Raffle Prize		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$19.99
Last Name of Worker/Consultant Reed		First Deborah	MI Date of Payment to Vendor, Person or Entity 05/14/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 277 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 161 Berlin Rd		City Cromwell	State CT Zip Code 06416
Purpose of Expenditure (by code) Gift *	Description BHS Upbeat Picnic Raffle Prize - Two Foam Blasters		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)		Amount \$7.96

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Reed		First Deborah	MI	Date of Payment to Vendor, Person or Entity 05/20/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Imperial Trophy Center			Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 276 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 947 Farmington Ave .		City Berlin		State CT	Zip Code 06037-0602
Purpose of Expenditure (by code) Gift *	Description Recognition Award Plaques for Prior BRTC Chair and Vice Chair				Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)				Amount \$175.68
Last Name of Worker/Consultant Reed		First Deborah	MI	Date of Payment to Vendor, Person or Entity 05/29/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Lowes			Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 279 ☐ Debit Card ☐ EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 3270 Berlin Tpke		City Newington		State CT	Zip Code 06111
Purpose of Expenditure (by code) Gift *	Description American Flag for Yankee Peddler Day Drawing				Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Coordinated without reimbursement sought (in-kind contribution)				Amount \$26.98
Total of Section T					\$439.54

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

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

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

Section S. ADDENDUM

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

Section T. ADDENDUM

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