

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 30

COVER PAGE

1. NAME OF COMMITTEE			
Hamden Republican Town Committee			
2. TREASURER NAME			
First Anthony	MI	Last Santino	Suffix
3. TREASURER ADDRESS			
Street Address 42 Robin Hill Ln	City Hamden	State CT	Zip Code 06518
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 04/01/2026			
Ending Date 06/30/2026			
thru			
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 SIGNATURE	Anthony Santino PRINT NAME OF THE SIGNER	07/04/2026 2:01:58PM 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	
Hamden 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		\$129.52
12. Balance on hand at the beginning of Reporting Period	\$205.51	
13. Contributions received from Individuals (Section A and B)	\$4,300.00	\$4,400.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$4,300.00	\$4,400.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$4,505.51	\$4,529.52
19. Expenses Paid by Committee (Section P)	\$992.58	\$1,016.59
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$3,512.93	\$3,512.93
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$530.00	\$530.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

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

\$680.00**B. Itemized Contributions from Individuals**

Last Name Hannan		First Name Gregg		MI
Residential Street Address 246 Reeds Gap Rd		City Northford	State CT	Zip Code 06472
Principal Occupation Attorney		Name of Employer State of 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 # <u>05072026A</u> ☒ 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 ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Wildman		First Name Joy		MI
Residential Street Address 262 Magee Dr		City Hamden	State CT	Zip Code 06514
Principal Occupation Care Coordinator		Name of Employer Hartford Healthcare		
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 # <u>05072026A</u> ☒ 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 ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/22/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Acosta		First Name Christino		MI R
Residential Street Address 81 Old Coach Hwy		City Hamden	State CT	Zip Code 06518
Principal Occupation Instructor		Name of Employer Self		
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	
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Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 04/22/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mitchell		First Name Gail		MI
Residential Street Address 269 Main St		City Hamden	State CT	Zip Code 06514
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 # 05072026A ☒ 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 04/22/2026	Aggregate Contributions \$50.00	

\$50.00

Last Name Mitchell		First Name Victor		MI
Residential Street Address 289 Main St		City Hamden	State CT	Zip Code 06514
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 # 05072026A ☒ 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 04/22/2026	Aggregate Contributions \$50.00	

\$50.00

Last Name Kennedy		First Name Patricia		MI
Residential Street Address 119 Sleeping Giant Dr .		City Hamden	State CT	Zip Code 06518
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 # 05072026A ☒ 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 04/26/2026	Aggregate Contributions \$100.00	

\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Whelan		First Name Pamela		MI
Residential Street Address 17 W Helen St		City Hamden	State CT	Zip Code 06514
Principal Occupation None		Name of Employer None		
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 # 05072026A ☒ 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 04/26/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Miller		First Name David		MI
Residential Street Address 17 Wiscasset Ave		City Hamden	State CT	Zip Code 06518
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 # 05072026A ☒ 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 04/26/2026	Aggregate Contributions \$100.00	
				\$50.00

Last Name Miller		First Name David		MI
Residential Street Address 17 Wiscasset Ave		City Hamden	State CT	Zip Code 06518
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 # 05072026A ☒ 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 04/26/2026	Aggregate Contributions \$100.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Kamienski		First Name Normon		MI
Residential Street Address 95 Piper Rd .		City Hamden	State CT	Zip Code 06514
Principal Occupation Driver		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 # 05072026A ☒ 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 04/28/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Harris		First Name Patricia		MI
Residential Street Address 147 Chatterton Way		City Hamden	State CT	Zip Code 06518
Principal Occupation N/A		Name of Employer N/A		
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 # 05072026A ☒ 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 04/30/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Dailey		First Name Demetrius		MI
Residential Street Address 29 Schupp Rd		City Hamden	State CT	Zip Code 06514
Principal Occupation Accountant		Name of Employer Jonal Laboratories		
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 # 05072026A ☒ 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 04/30/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Dorais		First Name John-Paul		MI	
Residential Street Address 28 West Rd .		City Beacon Falls		State CT	Zip Code 06403
Principal Occupation Police		Name of Employer City of Meriden			
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 # 05072026A ☒ 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 04/30/2026	Aggregate Contributions \$50.00		
				\$50.00	

Last Name Dicaprio		First Name Barbara		MI	
Residential Street Address 3766 Whitney Ave .		City Hamden		State CT	Zip Code 06518
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 # 05072026A ☒ 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 04/30/2026	Aggregate Contributions \$100.00		
				\$100.00	

Last Name Molinari		First Name Hudson		MI J	
Residential Street Address 33 School St Apt G		City Hamden		State CT	Zip Code 06518
Principal Occupation AR		Name of Employer Carbonella and Desarbo			
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 # 05072026A ☒ 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 05/04/2026	Aggregate Contributions \$50.00		
				\$50.00	

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Ackert		First Name Tim		MI
Residential Street Address 1265 Main St # 1		City Coventry	State CT	Zip Code 06238
Principal Occupation Contractor		Name of Employer Ackert Electric		
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 # 05072026A ☒ 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 05/05/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name LaDore		First Name Frank		MI
Residential Street Address 1181 Sherman Ave .		City Hamden	State CT	Zip Code 06514
Principal Occupation Director		Name of Employer SCSU		
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 # 05072026A ☒ 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 05/05/2026	Aggregate Contributions \$100.00	
				\$100.00

Last Name Arciuolo		First Name Gail		MI
Residential Street Address 160 Worth Ave		City Hamden	State CT	Zip Code 06518
Principal Occupation none		Name of Employer none		
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 # 05072026A ☒ 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 05/06/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Roche		First Name Paula		MI	
Residential Street Address 32 Robin Hill Ln		City Hamden		State CT	Zip Code 06518
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
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/06/2026	Aggregate Contributions \$50.00	\$50.00	

Last Name Whelan		First Name Pamela		MI	
Residential Street Address 17 W Helen St		City Hamden		State CT	Zip Code 06514
Principal Occupation None		Name of Employer None			
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
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/06/2026	Aggregate Contributions \$150.00	\$50.00	

Last Name Santino		First Name Laura		MI	
Residential Street Address 42 Robin Hill Ln		City Hamden		State CT	Zip Code 06518
Principal Occupation Registrar of Voters		Name of Employer Town of Hamden			
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
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/06/2026	Aggregate Contributions \$100.00	\$100.00	

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Besch		First Name Carla		MI M
Residential Street Address 229 Centerbrook Rd .		City Hamden	State CT	Zip Code 06518
Principal Occupation Para Educator		Name of Employer North Haven Public Schools		
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 # 05072026A ☒ 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 05/06/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Brown		First Name Marcia		MI
Residential Street Address 78 Willard St		City Hamden	State CT	Zip Code 06518
Principal Occupation Teacher		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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Frodel		First Name Judith		MI
Residential Street Address 36 W Todd St .		City Hamden	State CT	Zip Code 06518
Principal Occupation None		Name of Employer None		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Milone		First Name Lisa		MI
Residential Street Address 21 Anthony Dr		City New Haven	State CT	Zip Code 06512
Principal Occupation Registrar Of Voters		Name of Employer City of New Haven		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Weber		First Name Brock		MI
Residential Street Address 17 Lancewood Ln		City Wolcott	State CT	Zip Code 06716
Principal Occupation Consultant		Name of Employer Brock Weber		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name Algiere		First Name Mary		MI M
Residential Street Address 56 Lent St		City Hamden	State CT	Zip Code 06517-2624
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Connery		First Name Brendan		MI
Residential Street Address 206 Highland Ave		City Wallingford	State CT	Zip Code 06492
Principal Occupation Political Director		Name of Employer Erin for 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 # <u>05072026A</u> ☒ 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 05/07/2026	Aggregate Contributions \$60.00	
				\$60.00

Last Name katz		First Name Theresa		MI
Residential Street Address 17 Beaver St .		City Hamden	State CT	Zip Code 06514
Principal Occupation Sr. Regulatory Analyst		Name of Employer Yale University		
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 # <u>05072026A</u> ☒ 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 05/07/2026	Aggregate Contributions \$120.00	
				\$120.00

Last Name Carpinella		First Name Perry		MI J
Residential Street Address 110 Lucien Dr .		City Hamden	State CT	Zip Code 06518
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 # <u>05072026A</u> ☒ 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 05/07/2026	Aggregate Contributions \$1,150.00	
				\$1,050.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Hoyt		First Name Kathy		MI	
Residential Street Address 580 Gaylord Mountain Rd		City Hamden		State CT	Zip Code 06518
Principal Occupation Realtor		Name of Employer Dow Della Valle			
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	\$50.00	

Last Name KUROWSKI		First Name Marcella		MI	
Residential Street Address 37 W Ridgeland Rd		City Wallingford		State CT	Zip Code 06492
Principal Occupation Homemaker		Name of Employer Homemaker			
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$100.00	\$100.00	

Last Name WRIGHT		First Name JEFFREY		MI A	
Residential Street Address 1925 Huntington Tpke		City Trumbull		State CT	Zip Code 06611
Principal Occupation Contract		Name of Employer Self			
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$60.00	\$60.00	

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Campo		First Name Lynn		MI
Residential Street Address 825 Hill St		City Hamden	State CT	Zip Code 06514-1004
Principal Occupation President		Name of Employer Specialty Wire		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name CAMPO		First Name LIBORIO		MI
Residential Street Address 825 Hill St .		City Hamden	State CT	Zip Code 06514
Principal Occupation VICE PRESIDENT		Name of Employer SPECIALTY WIRE		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Corey		First Name Matthew		MI
Residential Street Address 181 Centre St		City Manchester	State CT	Zip Code 06040
Principal Occupation Manager		Name of Employer Advanced Serices		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Mikolinski		First Name Ronald		MI
Residential Street Address 818 Main St		City Hamden	State CT	Zip Code 06514
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$50.00	
				\$50.00

Last Name Blazo		First Name Carol		MI
Residential Street Address 700 Pine Rock Ave .		City Hamden	State CT	Zip Code 06514
Principal Occupation None		Name of Employer None		
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$150.00	
				\$150.00

Last Name Esposito		First Name Anthony		MI v
Residential Street Address 1742 Whitney Ave .		City Hamden	State CT	Zip Code 06517
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name ANTHONY		First Name ROBERT		MI
Residential Street Address 95 Handy Rd		City Hamden	State CT	Zip Code 06518
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 # 05072026A ☒ 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 05/07/2026	Aggregate Contributions \$100.00	
				\$100.00
Total of Section B				\$3,620.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$4,300.00

I. MONETARY RECEIPTS (Section A-K)

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

Hamden Republican Town Committee

TYPE OF REPORT

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 #		Amount of Contribution
City	State	Zip Code	Date Received	
Aggregate Contributions				
Total of Section C1				

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other				Date of Receipt
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	
Hamden Republican Town Committee			July 10 Filing - Original	
E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)				
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
Hamden Republican Town Committee				July 10 Filing - Original
F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)				
Date of Receipt	Is this transaction associated with an event reported in Section L1?			Amount
	Yes	No	If yes, list Event #	
Total of Section F				

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Hamden 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	
Hamden 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		Amount
	Cash	Personal Check	Credit/Debit Card
Total of Section H			

I. Monetary Receipts (Section A-K)

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Hamden Republican Town Committee		July 10 Filing - Original	
K. Miscellaneous Monetary Receipts not Considered Contributions			
Name		Date of Transaction	
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	
Hamden Republican Town Committee				July 10 Filing - Original	
L1. Event Information					
Event # Date of Event 05/07/2026	Letter A	Description Dinner Event		Was this a fundraising event? ☒ Yes ☐ No	
Location: Street Address 175 School St .		City Hamden	State CT	Zip Code 06518	
Subpart 1: (All Committees) 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	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) 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>			
Subpart 3: (Town Committees ONLY) 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	
Hamden 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
Hamden Republican Town Committee	July 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

Name of the Donor Brown, Marcia				
Street Address 78 Willard St .		City Hamden	State CT	Zip Code 06518
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Wine / Food basket		Fair Market Value of Donation \$100.00	
	Date Received 04/27/2026	Event # 05072026A		

Name of the Donor Arciuolo, Gail M.				
Street Address 160 Worth Ave .		City Hamden	State CT	Zip Code 06518
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Basket of Movie Ticket / popcorn		Fair Market Value of Donation \$100.00	
	Date Received 04/28/2026	Event # 05072026A		

Name of the Donor Besch, Carla M.				
Street Address 229 Center Brook Rd .		City Hamden	State CT	Zip Code 06518
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Italian Food Basket		Fair Market Value of Donation \$65.00	
	Date Received 04/28/2026	Event # 05072026A		

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor Whelan, Pamela				
Street Address 17 W Helen St .		City Hamden		State CT
				Zip Code 06514
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Neckless			Fair Market Value of Donation \$100.00
	Date Received 04/29/2026	Event # 05072026A	Aggregate value for this event \$100.00	

Name of the Donor Santino, Laura				
Street Address 42 Robin Hill Ln		City Hamden		State CT
				Zip Code 06518
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Gift cardds/ coffee basket/ baskets			Fair Market Value of Donation \$95.00
	Date Received 05/06/2026	Event # 05072026A	Aggregate value for this event \$95.00	

Name of the Donor Santino, Anthony				
Street Address 42 Robin Hill Ln		City Hamden		State CT
				Zip Code 06518
Donation Given by: ☐ Business Entity ☒ Individual ☐ Sole Proprietorship	Description of Donation Lottery tickets			Fair Market Value of Donation \$70.00
	Date Received 05/06/2026	Event # 05072026A	Aggregate value for this event \$70.00	

Total of Section L4	\$530.00
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II.EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Hamden 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
Hamden 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?	Fair Market Value of this Contribution
		Yes No	
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	
		Yes No	
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	
		Executive Legislative	

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Hamden 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		
Name of Telephone company						Amount of Deposit	
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

Hamden Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Constant Contact

Date of Payment

04/05/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

1601 Trapelo Rd Ste 329

City

Waltham

State

MA

Zip Code

02451

Purpose of
Expenditure (by code)

WEB

Description

Email service to announce meetings / events

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

\$13.83

Name of Payee

Constant Contact

Date of Payment

05/05/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

1601 Trapelo Rd Ste 329

City

Waltham

State

MA

Zip Code

02451

Purpose of
Expenditure (by code)

WEB

Description

Email notification meetings / events

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

\$13.83

Name of Payee

The Hamden Lodge 2224

Date of Payment

05/07/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

175 School St .

City

Hamden

State

CT

Zip Code

06518

Purpose of
Expenditure (by code)

EFV *

Description

Hall Rental

Event #

05072026A

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

\$250.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Hamden Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee ANEDOT		Date of Payment 05/07/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Service Fees for Anedot charges			Event # 05072026A
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 \$54.80
Name of Payee Cafe Amici		Date of Payment 05/09/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1640 Whitney Ave		City Hamden	State CT	Zip Code 06517
Purpose of Expenditure (by code) FOOD	Description Food for fundraiser			Event # 05072026A
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 \$660.12
Total of Section P			\$992.58	

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			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Hamden Republican Town Committee		July 10 Filing - Original	
R. Expenses Incurred on Committee Credit Card			
Name of Issuing Institution		Type of Credit Card: Visa Master Card Discover American Express Other	
Name of Vendor, Person or Entity		Date of Transaction	
Street Address	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization A B C D		Amount
Total of Section R			

IV. EXPENDITURES

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

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

Section P. ADDENDUM		
NAME OF COMMITTEE	TYPE OF REPORT	
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	