

**SEEC FORM 20**

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



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Old Saybrook Republican Town Committee</b>			
2. TREASURER NAME			
First <b>Susan</b>	MI	Last <b>Quish</b>	Suffix
3. TREASURER ADDRESS			
Street Address <b>5 Overlook Dr</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
<b>July 10 Filing - Amendment</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>04/01/2025</b>	thru <b>06/30/2025</b>	
10. CERTIFICATION			
<input checked="" type="checkbox"/>	I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.		
<b>Electronic Filing</b>	<b>Susan Quish</b>	<b>04/03/2026 1:11:55PM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Old Saybrook Republican Town Committee</b>	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$12,128.81</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$21,210.10</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$2,790.00</b>	<b>\$15,000.00</b>
14. Receipts from Other Committees (Sections C1 and C2)	<b>\$0.00</b>	<b>\$0.00</b>
15. Other Monetary Receipts (Section D through K)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	<b>\$685.00</b>	<b>\$2,925.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$3,475.00</b>	<b>\$17,925.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$24,685.10</b>	<b>\$30,053.81</b>
19. Expenses Paid by Committee (Section P)	<b>\$8,288.78</b>	<b>\$13,657.49</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	<b>\$16,396.32</b>	<b>\$16,396.32</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$300.00</b>
24. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

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

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

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

(See instructions for definition of Small Contributor)

Subtotal Section A

**\$0.00****B. Itemized Contributions from Individuals**

Last Name Labriola		First Name Barbara		MI
Residential Street Address 52 Alantic Dr		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Town Treasurer		Name of Employer Old Saybrook		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/01/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Labriola		First Name Gerald		MI
Residential Street Address 52 Atlantic Ave .		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Lawer		Name of Employer Labriola Law Group		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/01/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Kelly		First Name Michael		MI B
Residential Street Address 3 Aquidneck Trl		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retiree		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u>	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/02/2025	Aggregate Contributions \$145.00	\$95.00

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

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

**B. Itemized Contributions from Individuals**

Last Name McClellan		First Name Chris		MI
Residential Street Address 351 Main St .		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Owner		Name of Employer Kennedy Sheet Metal		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/02/2025	Aggregate Contributions \$95.00	\$95.00

Last Name Morgan		First Name Kim		MI
Residential Street Address 7 North St		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation		Name of Employer Self-Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/02/2025	Aggregate Contributions \$190.00	\$190.00

Last Name Johnson		First Name Susan		MI
Residential Street Address 61 Broad Hill Cir		City Guilford	State CT	Zip Code 06437
Principal Occupation VP		Name of Employer JPMC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/03/2025	Aggregate Contributions \$200.00	\$200.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Caldarella		First Name Mark		MI R
Residential Street Address 98 Nehantic Trl		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Ops Mgr		Name of Employer South Yard Marina		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2025	Aggregate Contributions \$525.00	\$300.00

Last Name Delmonico		First Name Marc		MI W
Residential Street Address 7 Allen St		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Tax Collector		Name of Employer Town of Old Saybrook		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/08/2025	Aggregate Contributions \$595.00	\$300.00

Last Name Lewis		First Name Gerri		MI M
Residential Street Address 11 Coulter St		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Paralegal		Name of Employer Law Offices of Gregory Canese		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/10/2025	Aggregate Contributions \$155.00	\$130.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Quish		First Name Susan		MI H
Residential Street Address 5 Overlook Dr		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retiree		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/10/2025	Aggregate Contributions \$250.00	\$250.00

Last Name Von Dassel		First Name Carl		MI C
Residential Street Address 863 Middlesex Tpke		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Glass Fitter		Name of Employer Self-Employed		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/14/2025	Aggregate Contributions \$100.00	\$100.00

Last Name McIntyre		First Name Robert		MI
Residential Street Address 3 Allendale Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retired		Name of Employer n/a		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/23/2025	Aggregate Contributions \$75.00	\$75.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Kelly		First Name Michael		MI B
Residential Street Address 3 Aquidneck Trl		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retiree		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/23/2025	Aggregate Contributions \$220.00	\$75.00

Last Name Prevost		First Name Nick		MI
Residential Street Address 26 Fprest Glen Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Realtor		Name of Employer Self		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 04/25/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Carney		First Name Devin		MI
Residential Street Address 45 Sherwood Ter		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation St Rep		Name of Employer State of Connecticut		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/27/2025	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
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

**B. Itemized Contributions from Individuals**

Last Name Lamay		First Name David		MI F
Residential Street Address 3 Fawn Trl		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Financial Planner		Name of Employer Essex Financial Services		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>04032025C</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 05/30/2025	Aggregate Contributions \$280.00	\$180.00

Last Name Dussault		First Name Eric		MI R
Residential Street Address 24 Old Boston Post Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Maritime		Name of Employer American Cruise Lines		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/24/2025	Aggregate Contributions \$75.00	\$75.00

Last Name Giegerich		First Name Scott		MI
Residential Street Address 14 Cricket Ct		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retiree		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/25/2025	Aggregate Contributions \$515.00	\$100.00

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

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

**B. Itemized Contributions from Individuals**

Last Name Steendam		First Name Sinco		MI
Residential Street Address 92 Ayers Point Rd		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retired		Name of Employer n/a		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/27/2025	Aggregate Contributions \$50.00	
				\$50.00
Last Name Schwarz		First Name Alan		MI L
Residential Street Address 126 Maple Ave		City Old Saybrook	State CT	Zip Code 06475
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 06/30/2025	Aggregate Contributions \$515.00	
				\$250.00
<b>Total of Section B</b>				<b>\$2,790.00</b>
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)				<b>\$2,790.00</b>

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

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

**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	Amount of Contribution
		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
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

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

Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type		
			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
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

**D. Loans Received this Period**

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

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

Name of Entity					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
<b>Total of Section E</b>					

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

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

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

Date of Receipt	Is this transaction associated with an event reported in Section L1?	Yes	No	If yes, list Event #	Amount
<b>Total of Section F</b>					

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

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

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

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

NAME OF COMMITTEE	TYPE OF REPORT
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

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

Name	Date of Transaction	Amount Received	
Street Address	City	State	Zip Code
Description			
<b>Total of Section K</b>			

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

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

**L1. Event Information**

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

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

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

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

Name of Purchaser DGKG LLC		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 105 Elm St		City Old Saybrook	State CT	Zip Code 05475
Date Received 04/01/2025	Event # 04032025C	Aggregate Purchases for All Events \$150.00	Amount of Program Ad Purchase \$150.00	Amount of Sign Purchase

Name of Purchaser Barbara Labriola		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Individual/Sole Proprietorship		
Street Address 52 Atlantic Ave .		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/03/2025	Event # 04032025C	Aggregate Purchases for All Events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase

Name of Purchaser Tri-State Glass Co.		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 863 Middlesex Tpke		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/14/2025	Event # 04032025C	Aggregate Purchases for All Events \$250.00	Amount of Program Ad Purchase \$250.00	Amount of Sign Purchase

Name of Purchaser Yacht Safety LLC		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address PO Box 378		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/14/2025	Event # 04032025C	Aggregate Purchases for All Events \$90.00	Amount of Program Ad Purchase \$90.00	Amount of Sign Purchase

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

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

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

Name of Purchaser Carl Fortuna		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Individual/Sole Proprietorship		
Street Address Pennywise Lane		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/14/2025	Event # 04032025C	Aggregate Purchases for All Events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase

Name of Purchaser Scott Giegerich		Purchase Made By: <input type="checkbox"/> Business Entity <input type="checkbox"/> Other <input checked="" type="checkbox"/> Individual/Sole Proprietorship		
Street Address 14 Cricket Ct		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/16/2025	Event # 04032025C	Aggregate Purchases for All Events \$50.00	Amount of Program Ad Purchase \$50.00	Amount of Sign Purchase

Name of Purchaser TJ's Restaurant		Purchase Made By: <input checked="" type="checkbox"/> Business Entity <input type="checkbox"/> Other <input type="checkbox"/> Individual/Sole Proprietorship		
Street Address 735 Boston Post Rd .		City Old Saybrook	State CT	Zip Code 06475
Date Received 04/21/2025	Event # 04032025C	Aggregate Purchases for All Events \$45.00	Amount of Program Ad Purchase \$45.00	Amount of Sign Purchase

**Total of Section L3****\$685.00**

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

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

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

Name of the Donor			
Street Address		City	State   Zip Code
Donation Given by:	Description of Donation		Fair Market Value of Donation
Business Entity	Date Received	Event #	
Individual	Aggregate value for this event		
Sole Proprietorship			

**Total of Section L4**

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

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

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

Name of the Host	Is this event supporting more than one candidate or committee?		
	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
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

**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	Fair Market Value of this Contribution
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
Old Saybrook Republican Town Committee	July 10 Filing - Amendment

**N. Refundable Deposit to Telephone Company**

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

**Total of Section N**

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

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

**P. Expenses Paid By Committee**

Name of Payee <b>Anedot, Inc,</b>		Date of Payment <b>04/02/2025</b>	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address <b>1340 Poydras St</b>		City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70112</b>
Purpose of Expenditure (by code) <b>BNK</b>	Description <b>Anedot Fees Associated with Red White &amp; Waterfront Dinner Tix (4/2) and Wine Bar thru Anedot</b>			Event # <b>04032025C</b>	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$25.70</b>	
Name of Payee <b>Anedot, Inc,</b>		Date of Payment <b>04/03/2025</b>	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address <b>1340 Poydras St</b>		City <b>New Orleans</b>		State <b>LA</b>	Zip Code <b>70112</b>
Purpose of Expenditure (by code) <b>BNK</b>	Description <b>Anedot Fees Related to General Fund Donation</b>			Event #	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$80.30</b>	
Name of Payee <b>Saybrook Point Inn</b>		Date of Payment <b>04/04/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1792</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address <b>2 Bridge St</b>		City <b>Old Saybrook</b>		State <b>CT</b>	Zip Code <b>06475</b>
Purpose of Expenditure (by code) <b>FOOD</b>	Description <b>OSRTC Banquet Red White &amp; Waterfront at Saybrook Point Inn</b>			Event # <b>04032025C</b>	
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$3,965.73</b>	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Old Saybrook Republican Town Committee	July 10 Filing - Amendment
<b>P. Expenses Paid By Committee</b>	

Name of Payee <b>Lighthouse Printing</b>		Date of Payment <b>04/04/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1793</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>PO Box 1158</b>		City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>
Purpose of Expenditure (by code) <b>A-OTH</b>	Description <b>Red White &amp; Waterfront Banquet Ad Book</b>			Event # <b>04032025C</b>
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$576.15</b>
Name of Payee <b>Liberty Mutual Insurance</b>		Date of Payment <b>04/14/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1794</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>PO Box 2125</b>		City <b>New York</b>	State <b>NY</b>	Zip Code <b>10116-2125</b>
Purpose of Expenditure (by code) <b>OVHD</b>	Description <b>Business Insurance to Liberty Mutual</b>			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$244.50</b>
Name of Payee <b>Mar Floral</b>		Date of Payment <b>04/16/2025</b>	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address <b>875 Boston Post Rd .</b>		City <b>Old Saybrook</b>	State <b>CT</b>	Zip Code <b>06475</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Flowers for OSRTC Member</b>			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount <b>\$65.94</b>

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

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

**P. Expenses Paid By Committee**

Name of Payee Westbrook RTC		Date of Payment 04/24/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1797 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1125		City Westbrook	State CT	Zip Code 06498
Purpose of Expenditure (by code) A-OTH	Description Ad Book Purchase for 2025 Holbrook Dinner			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$250.00
Name of Payee Old Saybrook OSFD		Date of Payment 04/24/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1795 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Main Street		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expenditure (by code) Misc *	Description Support for OSFD Annual Golf Tourney			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$500.00
Name of Payee Mar Floral		Date of Payment 05/19/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 875 Boston Post Rd .		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expenditure (by code) Misc *	Description Flowers for Funeral of OSRTC Member Robert Missel			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$113.07

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

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

**P. Expenses Paid By Committee**

Name of Payee Erin Colwell		Date of Payment 05/28/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1798 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Hart Trl		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code)  WEB	Description Annual Canva Subscription for social media graphics			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$119.99
Name of Payee Saybrook Point Inn		Date of Payment 05/30/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2 Bridge St		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code)  Misc *	Description Gift Card to Recognize Retirement of J. Sullivan from Old Saybrook Chamber of Commerce			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$50.00
Name of Payee Webster Bank		Date of Payment 06/18/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 7 Halls Rd		City Old Lyme		State CT
Zip Code 06371				
Purpose of Expenditure (by code)  Misc *	Description OSRTC Check Reorder from Webster Bank			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$66.86

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

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

**P. Expenses Paid By Committee**

Name of Payee Lighthouse Printing	Date of Payment 06/20/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1800 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address PO Box 1158	City Old Saybrook	State CT	Zip Code 06475
Purpose of Expenditure (by code) PRNT	Description Printing Charge for 2025 Fundraising Letter	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$516.33	
Name of Payee USPS	Date of Payment 06/23/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 36 Main St	City Old Saybrook	State CT	Zip Code 06475
Purpose of Expenditure (by code) POST	Description Stamps for 2025 Fundraising Letter	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$160.60	
Name of Payee Anedot, Inc,	Date of Payment 06/24/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St	City New Orleans	State LA	Zip Code 70112
Purpose of Expenditure (by code) BNK	Description Anedot Fee on 2025 Dues Payment	Event #	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	Amount \$3.30	

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

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

**P. Expenses Paid By Committee**

Name of Payee Shore Publishing		Date of Payment 06/25/2025	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 47 Eugene O'Neill Dr		City New London	State CT	Zip Code 06320
Purpose of Expenditure (by code) A-NEWS	Description OSRTC Legal Notice in Harbor News			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$60.00
Name of Payee Wesley Percival		Date of Payment 06/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1801 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address Schoolhouse Rd		City Old Saybrook	State CT	Zip Code 06475
Purpose of Expenditure (by code) Misc *	Description OSRTC Scholarship Award to OSHS Student			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$500.00
Name of Payee Dabby's Event Services		Date of Payment 06/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1802 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 90 Main St		City Centerbrook	State CT	Zip Code 06409-1058
Purpose of Expenditure (by code) Misc *	Description Photo Booth for OSRTC Tent at Celebrate Saybrook Street Fair			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$300.00

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

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

**P. Expenses Paid By Committee**

Name of Payee Susan Quish		Date of Payment 06/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1803 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Overlook Dr		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code)  Misc *	Description Purchase of Corn Hole for OSRTC Tent at Celebrate Saybrook Street Fair			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$42.53
Name of Payee Erin Colwell		Date of Payment 06/30/2025	Method of Payment <input checked="" type="checkbox"/> Check # 1804 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 5 Hart Trl		City Old Saybrook		State CT
Zip Code 06475				
Purpose of Expenditure (by code)  Misc *	Description Erin Colwell for Celebrate Saybrook Supplies (duck giveaways)			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$330.88
Name of Payee Anedot Inc		Date of Payment 06/30/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1340 Poydras St		City New Orleans		State LA
Zip Code 70112				
Purpose of Expenditure (by code)  BNK	Description Anedot Fees on OSRTC Contributions to Summer Fundraising			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$16.90

IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Old Saybrook Republican Town Committee		July 10 Filing - Amendment	
P. Expenses Paid By Committee			
Name of Payee <b>Dabby's Event Services</b>		Date of Payment <b>06/30/2025</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>1802</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address <b>90 Main St</b>		City <b>Centerbrook</b>	State <b>CT</b> Zip Code <b>06409-1058</b>
Purpose of Expenditure (by code) <b>Misc *</b>	Description <b>Payment for Photo Booth at Celebrate Saybrook Event</b>		Event # <b>06222025A</b>
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)		Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<b>\$300.00</b>
<b>Total of Section P</b>			<b>\$8,288.78</b>

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

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

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

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

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

#### T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Colwell	Erin	H	05/28/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Canva	<input checked="" type="checkbox"/> Check # 1798 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
3212 E Cesar Chavez St	Austin	TX	78702

Purpose of Expenditure (by code)	Description	Event #
WEB	Annual Canva Subscription for OSRTC's social media graphics	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$119.99

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Quish	Susan	H	06/30/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Home Good	<input checked="" type="checkbox"/> Check # 1803 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
2 Boston Post Rd	Old Saybrook	CT	06475

Purpose of Expenditure (by code)	Description	Event #
Misc *	Purchase of Corn Hole for OSRTC Tent at Celebrate Saybrook Street Fair	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$42.53

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

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

**T. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Colwell	Erin	H	06/30/2025

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Oriental Trading	<input checked="" type="checkbox"/> Check # 1804 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
11201 Giles Rd	Lavista	NE	68128

Purpose of Expenditure (by code)	Description	Event #
Misc *	Giveaways at OSRTC Tent at Celebrate Saybrook Street Fair	

Expenditure #	Type of Expenditure ( Itemization in Addendum T Required unless "None of the below" is checked)	Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	\$330.88

**Total of Section T      \$493.40**

**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
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee
Are Limits Aggregated?	Aggregating Committees	
<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		

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

**Section S. ADDENDUM**

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

**Section T. ADDENDUM**

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