SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

South Windsor Republican Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Stephanie	**M**	**Dexter**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
15 Larkspur Ln	**South Windsor**	**CT**	**06074**

4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT *(Complete only if Candidate Committee)*	6. DISTRICT NUMBER *(if applicable)*

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix

8. TYPE OF REPORT

July 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

10. CERTIFICATION

☑ I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

Electronic Filing	**Stephanie Dexter**	**07/09/2026 10:43:42AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
South Windsor 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		**$10,584.50**
12. Balance on hand at the beginning of Reporting Period	**$23,430.86**	
13. Contributions received from Individuals (Section A and B)	**$9,155.00**	**$24,465.00**
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 Puchases (Section L1 Subpart 1 + Subpart 3)	**$20,450.00**	**$20,450.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$8,550.00**	**$11,200.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$38,155.00**	**$56,115.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$61,585.86**	**$66,699.50**
19. Expenses Paid by Committee (Section P)	**$23,019.85**	**$28,133.49**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$38,566.01**	**$38,566.01**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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** **$0.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Burkey	Brenda	L

Residential Street Address	City	State	Zip Code
82 Mountain Rd	Manchester	CT	06040

Principal Occupation	Name of Employer
self employed	The Blind Guy Inc

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/01/2026	$500.00	$500.00

Last Name	First Name	MI
Spaziani	Raina	

Residential Street Address	City	State	Zip Code
21 Shore Dr	Griswold	CT	06351

Principal Occupation	Name of Employer
Selling	Keifer's Kettle Korn

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/01/2026	$600.00	$600.00

Last Name	First Name	MI
Algier	Corinn	

Residential Street Address	City	State	Zip Code
11 Ledge Ave	Spencer	MA	01562

Principal Occupation	Name of Employer
crafter	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/06/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Smith	Kathleen	

Residential Street Address	City	State	Zip Code
PO Box 254	Putnam	CT	06260

Principal Occupation	Name of Employer
crafter	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Schmidt	Lisa	

Residential Street Address	City	State	Zip Code
287 Juniper Ridge Dr	Waterbury	CT	06708

Principal Occupation	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Piper	Reese	J

Residential Street Address	City	State	Zip Code
529 Litchfield Rd	Harwinton	CT	06791

Principal Occupation	Name of Employer
crafter	Ridge Runner Soaps

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Horner	Jackie	

Residential Street Address	City	State	Zip Code
15 Auburn Rd	West Hartford	CT	06119

Principal Occupation	Name of Employer
Exec Asst	Whittlesey PC

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Martinez	Jasmine	A

Residential Street Address	City	State	Zip Code
64 Chicago Ave	Groton	CT	06340

Principal Occupation	Name of Employer
waitress	Hidden Chapters

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Mann	Karen	M

Residential Street Address	City	State	Zip Code
9 Barn Rd	Ledyard	CT	06339

Principal Occupation	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: $200.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$200.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Dittrich	Deanna	

Residential Street Address	City	State	Zip Code
13 Lake St	Berlin	CT	06037

Principal Occupation	Name of Employer
crafter	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Saunders	Candace	

Residential Street Address	City	State	Zip Code
64 Marthas Way	Thomaston	CT	06787

Principal Occupation	Name of Employer
Insurance Agent	Assured Partners LLC

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/06/2026	$100.00

Last Name	First Name	MI
Szczepanski	Alexa	M

Residential Street Address	City	State	Zip Code
71 Dunne Ave	Collinsville	CT	06019

Principal Occupation	Name of Employer
crafter	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/07/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Goldstein	Nancy	

Residential Street Address	City	State	Zip Code
850 Parker St	Manchester	CT	06042

Principal Occupation	Name of Employer
crafter	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/07/2026	$100.00

Last Name	First Name	MI
Bousquet	Frances	A

Residential Street Address	City	State	Zip Code
55 S Prospect St	Putnam	CT	06260

Principal Occupation	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/09/2026	$100.00

Last Name	First Name	MI
Mercado	Katie	

Residential Street Address	City	State	Zip Code
469 Center St	Manchester	CT	06040

Principal Occupation	Name of Employer
recruitment coordinator	Community Health Resources

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/09/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Schulten	Robert	

Residential Street Address	City	State	Zip Code
105 Waterville Rd	Fairfield	CT	06890

Principal Occupation	Name of Employer
	Fifth State

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/13/2026	$100.00	$100.00

Last Name	First Name	MI
Conti	Chris	

Residential Street Address	City	State	Zip Code
2 Town St	East Haddam	CT	06423

Principal Occupation	Name of Employer
film producer	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/18/2026	$100.00	$100.00

Last Name	First Name	MI
Garcia	Jennifer	

Residential Street Address	City	State	Zip Code
22 Circle Dr	Ashford	CT	06278

Principal Occupation	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/20/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gourlie	Michele	

Residential Street Address	City	State	Zip Code
202 Chestnut Hill Rd	East Hampton	CT	06424

Principal Occupation	Name of Employer
System Tester	GDIT

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/21/2026	$100.00

Last Name	First Name	MI
Sousa	Monique	

Residential Street Address	City	State	Zip Code
95 Cardinal Dr	North Kingston	RI	02852-6530

Principal Occupation	Name of Employer
	M Pearl LLC

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/21/2026	$100.00

Last Name	First Name	MI
Bradford	Ron	

Residential Street Address	City	State	Zip Code
86 Windsor Ave	Vernon	CT	06066

Principal Occupation	Name of Employer
Application Eng	This and That Woodworking

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/21/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Cordeiro	Steven	

Residential Street Address	City	State	Zip Code
9 Birch Hill Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	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: $150.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/21/2026	$150.00

Last Name	First Name	MI
Powell	Megan	M

Residential Street Address	City	State	Zip Code
23 Woodland Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
External Auditor	PWC

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: $100.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

Last Name	First Name	MI
Powell	Renee	M

Residential Street Address	City	State	Zip Code
23 Woodland Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Medical Technologist	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: $100.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Maneeley	Lisa	

Residential Street Address	City	State	Zip Code
326 Quarry Brk	South Windsor	CT	06074

Principal Occupation	Name of Employer
Teacher	East Hartford BOE

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/23/2026	$100.00	$100.00

Last Name	First Name	MI
Delnicki	Audrey	J

Residential Street Address	City	State	Zip Code
130 Felt Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/23/2026	$100.00	$100.00

Last Name	First Name	MI
Torres	John	R

Residential Street Address	City	State	Zip Code
152 Debbie Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/23/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Kimber	Kenna	

Residential Street Address	City	State	Zip Code
3 Kingsley	South Windsor	CT	06074

Principal Occupation	Name of Employer
Housewife	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: $100.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

Last Name	First Name	MI
Kilburn	Wayne	C

Residential Street Address	City	State	Zip Code
291 Smith St	South Windsor	CT	06074

Principal Occupation	Name of Employer
NE Area Sales Mgr	Tormax Automatic

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: $100.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

Last Name	First Name	MI
Guadalupe	Kaitlyn	

Residential Street Address	City	State	Zip Code
196 Canon Cir	Springfield	MA	01118

Principal Occupation	Name of Employer
printer	Royal Rose Prints

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Murray	Matilda	

Residential Street Address	City	State	Zip Code
196 Loehr Rd	Tolland	CT	06084

Principal Occupation	Name of Employer
Business Consultant	Tart Consultin

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$100.00

Last Name	First Name	MI
Kras	Kristen	

Residential Street Address	City	State	Zip Code
4 Amberleaf Way	Southwick	MA	01077

Principal Occupation	Name of Employer
New business	Baystate Financial

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$100.00

Last Name	First Name	MI
Sullivan	Karen	

Residential Street Address	City	State	Zip Code
103 Bretton Rd	Manchester	CT	06042

Principal Occupation	Name of Employer
Office Mgr	Bloomfield Electric Co

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/25/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Garceau	Amy	

Residential Street Address	City	State	Zip Code
61 Ridge St .	New Haven	CT	06511

Principal Occupation	Name of Employer
Self	Made by Mulchy

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/27/2026	$100.00

Last Name	First Name	MI
Greaves	Kelley	

Residential Street Address	City	State	Zip Code
23 Wilcox St	Wethersfield	CT	06109

Principal Occupation	Name of Employer
	unemployed

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/27/2026	$100.00

Last Name	First Name	MI
Liccardi	Keri	

Residential Street Address	City	State	Zip Code
91 Eighth St	Newington	CT	06111

Principal Occupation	Name of Employer
med assist	Glastonbury Surgery Ctr

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/30/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Shah	Nima	

Residential Street Address	City	State	Zip Code
138 Cornerstone Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Pharmacist	Guardian Consulting

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/30/2026	$100.00	$100.00

Last Name	First Name	MI
Kupchunos	Patrick	

Residential Street Address	City	State	Zip Code
2019 Ellington Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Partner	Fence-One

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/01/2026	$100.00	$100.00

Last Name	First Name	MI
Joy	David	

Residential Street Address	City	State	Zip Code
100 Bramblebrae	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/01/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Chau	Saerey	

Residential Street Address	City	State	Zip Code
60 Mansfield Rd	New London	CT	06320

Principal Occupation	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/01/2026	$100.00

Last Name	First Name	MI
Shali-Ogli	Esther	

Residential Street Address	City	State	Zip Code
127 Chaplin St	Chaplin	CT	06235

Principal Occupation	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/02/2026	$100.00

Last Name	First Name	MI
Jones	Robert	L

Residential Street Address	City	State	Zip Code
36 Bellevue Ave	Springfield	MA	01108

Principal Occupation	Name of Employer
teacher	Springfield Dept

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/03/2026	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Jagadale	Akshaya	

Residential Street Address	City	State	Zip Code
304 Main Ave # 182	Norwalk	CT	06851

Principal Occupation	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/04/2026	$200.00	$200.00

Last Name	First Name	MI
Chiappetta	Katherine	G

Residential Street Address	City	State	Zip Code
15 Bayberry Trl	South Windsor	CT	06074

Principal Occupation	Name of Employer
Retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/04/2026	$300.00	$300.00

Last Name	First Name	MI
Rajendran	Jayaraj	

Residential Street Address	City	State	Zip Code
59 Cadbury Ln	South Windsor	CT	06074

Principal Occupation	Name of Employer
	Maya Boutique

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/05/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Christiansen	Pamela	D

Residential Street Address	City	State	Zip Code
30 Meriline Ave	Plainville	CT	06062

Principal Occupation	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/06/2026	$750.00	$750.00

Last Name	First Name	MI
Mercadante	Keith	

Residential Street Address	City	State	Zip Code
135 Thalia Dr	Feeding Hills	MA	01030

Principal Occupation	Name of Employer
self	impeckable

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/06/2026	$100.00	$100.00

Last Name	First Name	MI
Holmes	Jennifer	

Residential Street Address	City	State	Zip Code
302 Jobs Hill Rd	Ellington	CT	06029

Principal Occupation	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
05/07/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Hart	Donna	

Residential Street Address	City	State	Zip Code
92 Chaffee Rd	Stafford Springs	CT	06076-3118

Principal Occupation	Name of Employer
baker	Pastries 4 Pets

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: $110.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/07/2026	$110.00

Last Name	First Name	MI
Grimes	Tommy	

Residential Street Address	City	State	Zip Code
201 W Shore Dr	Massapequa	NY	11758

Principal Occupation	Name of Employer
	Tommy Pickles

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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/07/2026	$100.00

Last Name	First Name	MI
Misenti	Laurie	A

Residential Street Address	City	State	Zip Code
220 Walcott Grn	South Windsor	CT	06074

Principal Occupation	Name of Employer
baker	LC Sweet & Treats

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: $125.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/07/2026	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Burnham	Susan	

Residential Street Address	City	State	Zip Code
301 Sand Stone Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
retired	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/07/2026	$100.00	$100.00

Last Name	First Name	MI
Johnson	Denise	

Residential Street Address	City	State	Zip Code
3 Day Rd	Barkhamsted	CT	06063

Principal Occupation	Name of Employer
owner	Little Freezies

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/09/2026	$100.00	$100.00

Last Name	First Name	MI
Abbott	Julie	

Residential Street Address	City	State	Zip Code
3 Sussex Rd	Farmington	CT	06032

Principal Occupation	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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/17/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Gottier	Greg	

Residential Street Address	City	State	Zip Code
2891 Main St	Coventry	CT	06238

Principal Occupation	Name of Employer
warehouse mgr	dyna 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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/17/2026	$100.00

Last Name	First Name	MI
Justo Bravo	Andrea	E

Residential Street Address	City	State	Zip Code
130 Russett Ln	Middletown	CT	06457

Principal Occupation	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: $100.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/20/2026	$100.00

Last Name	First Name	MI
Holt	Melenie	

Residential Street Address	City	State	Zip Code
67 Mile Hille Rd	Tolland	CT	06084

Principal Occupation	Name of Employer
cashier	lowe's

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: $110.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
05/20/2026	$110.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Chung	Lauren	

Residential Street Address	City	State	Zip Code
265 Diane Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
homemaker	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/21/2026	$100.00	$100.00

Last Name	First Name	MI
Edwards	Daniel	J

Residential Street Address	City	State	Zip Code
131 Hilton Dr	South Windsor	CT	06074

Principal Occupation	Name of Employer
Principal Underwriter	Business Risk Partners

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/21/2026	$100.00	$100.00

Last Name	First Name	MI
Diehl	Corie	E

Residential Street Address	City	State	Zip Code
98 High Ridge Farm Ln	Bolton	CT	06043

Principal Occupation	Name of Employer
owner	Travelin' Tom's Coffee

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? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	05/23/2026	$500.00	$500.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Daugherty	Kathleen	

Residential Street Address	City	State	Zip Code
60 Madison Way	South Windsor	CT	06074

Principal Occupation	Name of Employer
coach	Reputation Athletics

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: $100.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/01/2026	$100.00

Last Name	First Name	MI
Etter	Mary	

Residential Street Address	City	State	Zip Code
36 Austin Cir	South Windsor	CT	06074

Principal Occupation	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: $70.00

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/12/2026	$70.00

Last Name	First Name	MI
Stringfield	Beth	

Residential Street Address	City	State	Zip Code
43 Grant Ave	Stafford Springs	CT	06076

Principal Occupation	Name of Employer
Owner	Udder Delight

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: $300.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 06132026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
06/12/2026	$300.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Proano	Miguel	A

Residential Street Address	City	State	Zip Code
41 Beechwood Ln	South Windsor	CT	06074

Principal Occupation	Name of Employer
Restaurant owner	2EES LLC

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/14/2026	$100.00	$100.00

Last Name	First Name	MI
Leblanc	Michael	

Residential Street Address	City	State	Zip Code
282 Dart Hill Rd	South Windsor	CT	06074

Principal Occupation	Name of Employer
Director	M&J Engineering

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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/16/2026	$100.00	$100.00

Last Name	First Name	MI
Brown	Graham	

Residential Street Address	City	State	Zip Code
73 West Rd	South Windsor	CT	06074

Principal Occupation	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? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	06/22/2026	$40.00	$40.00

Total of Section B	**$9,155.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$9,155.00**

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #		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
South Windsor 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
South Windsor 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
South Windsor Republican Town Committee	July 10 Filing - Original

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

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

I. MONETARY RECEIPTS (Section A-K)

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

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

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

I. MONETARY RECEIPTS (Section A-K)

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

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

Date of Receipt	Amount

Total of Section G

I. MONETARY RECEIPTS (Section A-K)

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

J. Interest from Deposits in Authorized Accounts

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	

Total of Section J

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
06/13/2026	B	Fair Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
75 Brookfield St	South Windsor	CT	06074

Subpart 1: (All Committees)

Was this event hosted at a personal residence?
[ ] Yes [X] No
(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

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 [X] No
(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?
[ ] Yes [X] No
(If yes, enter Total Receipts here.) $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?
[X] Yes [ ] No
(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

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?
[X] Yes [ ] No
(If yes, enter Total Receipts here.) $20,450.00

Total of Section L1	**$20,450.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Davidson Critter Control	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
20 Stone Hedge Ln	Bolton	CT	06043

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/05/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Ruby Slippers Housekeeping	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
42 Deerfield Dr	Manchester	CT	06040

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/06/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
The Max Challenge	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1735 Ellington Rd	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/06/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
United Home Experts	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
60 Pleasant St	Ashland	MA	01721

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/06/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Patio Enclosures	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
2500 E Enterprise Pkwy	Twinsbury	OH	44087

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/06/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Holmes Insurance LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
225 Oakland Rd Ste 404	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Rising Star Roofing	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
12 Sea Pave Rd	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Inaugural Home Improvement	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
169 William St	Springfield	MA	01105

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Orlehane Electric	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
452 Main St	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/10/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Home Food Services of America, Inc	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
413 River Rd	Hudson	MA	01749

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/13/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
R.A.S. Renovations	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
127 Colton Rd	Somers	CT	06071

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/20/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
The Kitchen and Floor Store CT	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
178 Mountain Rd	Suffield	CT	06078

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/20/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Tinks Magical Vacations	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
535 Main St	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/24/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Leafguard	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
227 Progress Dr	Manchester	CT	06042

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/25/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Earthlight Technologies LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
92 West Rd	Ellington	CT	06029

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/27/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
PUE CHICK LEIBOWITZ BLEZARD	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
76 S Frontage Rd	Vernon	CT	06066

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/27/2026	06132026A	$150.00		$150.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
ANDRE CHARBONNEAU & SONS	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
125 Edwin Rd	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/27/2026	06132026A	$150.00		$150.00

Name of Purchaser	Purchase Made By:
BATTISTON'S	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
758 Sullivan Ave	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/27/2026	06132026A	$150.00		$150.00

Name of Purchaser	Purchase Made By:
Snap Shots Unlimited LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
978 Sullivan Ave	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/30/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
American Home Fitters	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
504 Hazard Ave	Enfield	CT	06082

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/06/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
JAYS LANDSCAPING	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
473 Sullivan Ave	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/06/2026	06132026A	$150.00		$150.00

Name of Purchaser	Purchase Made By:
Artisan Building & Remodeling	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
230 Deming Rd	Berlin	CT	06037

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/07/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Spare Time Entertainment	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
350 Talcottville Rd	Vernon	CT	06066

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/11/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Vista Home Improvement	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
2097 Riverdale St .	W Springfield	MA	01089

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/11/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Other Businesses, LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
400 Chapel Rd	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/11/2026	06132026A	$150.00		$150.00

Name of Purchaser	Purchase Made By:
Other Designs	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
400 Chapel Rd Ste B3	South Windsor	CT	06074-4159

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/11/2026	06132026A	$150.00	$150.00	

Name of Purchaser	Purchase Made By:
Modern Milkman	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
80 Meadow Brook Rd	Ellington	CT	06024

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/15/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Nutmeg Epoxy Floors	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
459 Main St	Manchester	CT	06040

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/15/2026	06132026A	$150.00		$150.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Yankee Home Improvement	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
36 Justin Dr	Chicopee	MA	01022

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/18/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Four Elements Direct Primary Care LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1300 Sullivan Ave	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/18/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
CancerPolicyDirect	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
850 Clark St	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/26/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Siteone Landscape Supply, LLC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1370 John Fitch Blvd	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/26/2026	06132026A	$150.00	$150.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Aqua Air Solutions	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
115 Elm St Ste 201	Enfield	CT	06082

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
05/28/2026	06132026A	$250.00		$250.00

Name of Purchaser	Purchase Made By:
Friends of the Wappig Fair Inc	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
PO Box 1163	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/01/2026	06132026A	$100.00	$100.00	

Name of Purchaser	Purchase Made By:
South Windsor Neck & Back	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1330 Sullivan Ave Ste C	South Windsor	CT	06007

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/01/2026	06132026A	$100.00	$100.00	

Name of Purchaser	Purchase Made By:
Oakridge Dairy	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
76 Jobs Hill Rd	Ellington	CT	06029

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/03/2026	06132026A	$250.00		$250.00

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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:
Melissa Connors	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
48 Stephanie Ln	Westfield	MA	01085

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/10/2026	06132026A	$150.00	$150.00	

Name of Purchaser	Purchase Made By:
Allegro Senior Living	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1000 Cottonwood Ln	South Windsor	CT	06074

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/11/2026	06132026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
RESCOM EXTERIORS INC	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
714A Southbridge St	Auburn	MA	01501

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
06/12/2026	06132026A	$250.00	$250.00	

Total of Section L3	**$8,550.00**

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

Name of the Donor			
Street Address	City	State	Zip Code

Donation Given by: Business Entity Individual Sole Proprietorship	Description of Donation			Fair Market Value of Donation
	Date Received	Event #	Aggregate value for this event	

Total of Section L4	

II.EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other	Date Received	Aggregate contributions	Description of In-Kind Contribution

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 If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No 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
South Windsor Republican Town Committee	July 10 Filing - Original

N. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made

Residential Street Address	City	State	Zip Code	Amount of Deposit

Name of Telephone company

Street Address	City	State	Zip Code

Total of Section N	

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
PayPal	04/06/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2211 N First St	San Jose	CA	95131

Purpose of Expenditure (by code)	Description	Event #
WEB	PP United Home Ex & Artisan Roofing & Nutmeg Epoxy & Cancerpolicy & Oakridge Dairy	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$38.11

Name of Payee	Date of Payment	Method of Payment
PayPal	04/06/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2211 N First St	San Jose	CA	95131

Purpose of Expenditure (by code)	Description	Event #
WEB	PP Patio Encl & Modern Milk & Aqua Air Systems & made by mulchy & crafty chicks & allegro	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$40.84

Name of Payee	Date of Payment	Method of Payment
Extra space Storage	04/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
688 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	April Unit 457	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$223.88

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Big Y World Class Market	04/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
234 Tolland Tpke	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
FOOD	SWPD Appreciation Event	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$54.46

Name of Payee	Date of Payment	Method of Payment
PayPal	04/19/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2211 N First St	San Jose	CA	95131

Purpose of Expenditure (by code)	Description	Event #
WEB	13 crafters PP fee	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$56.23

Name of Payee	Date of Payment	Method of Payment
Amazon	04/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
Misc *	Voice recorder to take meeting minutes	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$152.19

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
PayPal	04/21/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2211 N First St	San Jose	CA	95131

Purpose of Expenditure (by code)	Description	Event #
WEB	PP 10 crafters	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$39.90

Name of Payee	Date of Payment	Method of Payment
Costco Wholesale	04/22/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1220 Tamarack Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
FOOD	Erin Stewart Meet and Greet	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$258.40

Name of Payee	Date of Payment	Method of Payment
Zoom Video Communications	04/25/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
55 Almaden Blvd	San Jose	CA	95113

Purpose of Expenditure (by code)	Description	Event #
Misc *	annual zoom membership	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$180.69

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
PayPal	04/27/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2211 N First St	San Jose	CA	95131

Purpose of Expenditure (by code)	Description	Event #
WEB	PP fee Earthlight & 4Elements & 15 crafters + Fifth State Distillery	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$83.95

Name of Payee	Date of Payment	Method of Payment
Hearst Media Group	05/05/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
301 Merritt 7 Ste 1	Norwalk	CT	06851

Purpose of Expenditure (by code)	Description	Event #
A-NEWS	Legal Notice 5/21 caucus	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$31.48

Name of Payee	Date of Payment	Method of Payment
Otherdesigns	05/05/2026	[X] Check # 2374 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
400 Chapel Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	new SF signs	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3,000.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
South Windsor High School	05/06/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
161 Nevers Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
CHAR	Bobcat Prowl - SF article	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

Name of Payee	Date of Payment	Method of Payment
Extra space Storage	05/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
688 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	May unit 457	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$223.88

Name of Payee	Date of Payment	Method of Payment
Big Y	05/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
234 Tolland Tpke	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
FOOD	Police Appreciation Lunch	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$175.30

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Patch.com	05/14/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
Internet	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
WEB	advertisement 6/7-6/13	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$66.50

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	05/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
Misc *	lodging expense for attending a convention	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$150.00

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	05/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
Misc *	lodging costs for attending a convention	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$150.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Airbnb	05/16/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
888 Brannan St	San Francisco	CA	94103

Purpose of Expenditure (by code)	Description	Event #
Misc *	lodging for attending a convention	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$150.00

Name of Payee	Date of Payment	Method of Payment
Costco Wholesale	05/18/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1220 Tamarack Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	crafter lunch expenses	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$206.85

Name of Payee	Date of Payment	Method of Payment
Otherdesigns	05/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
400 Chapel Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	SF lawn signs (34)	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$445.33

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Geissler's Super Market	05/21/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
110 Bridge St	East Windsor	CT	06088

Purpose of Expenditure (by code)	Description	Event #
Misc *	1200 biscuits	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,011.00

Name of Payee	Date of Payment	Method of Payment
Amazon.com Inc	05/23/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	3 ticket flags	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$151.59

Name of Payee	Date of Payment	Method of Payment
Home Depot	05/25/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
80 Buckland Hills Dr	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
Misc *	strawberry Mash food grade buckets	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$379.73

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
INSTANTWHIP CONNECTICUT	05/25/2026	[X] Check # 2379 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
49 N Plains Industrial Rd	Wallingford	CT	06492

Purpose of Expenditure (by code)	Description	Event #
FNDR *	10 cases of whip cream	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$560.30

Name of Payee	Date of Payment	Method of Payment
Amazon.com Inc	05/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	pageant sashes	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$34.02

Name of Payee	Date of Payment	Method of Payment
Amazon	05/26/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Flag Base	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$44.66

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
SWDFS	06/01/2026	[X] Check # 2380 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 197	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	Dollars for Scholars - Cary Prague memorial scholarships	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$500.00

Name of Payee	Date of Payment	Method of Payment
Pizza Eats Concessions	06/01/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
285 E Center St	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
FOOD	Hulling Pizzas 18 whole pizzas	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$360.00

Name of Payee	Date of Payment	Method of Payment
Otherdesigns	06/02/2026	[X] Check # 2382 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
400 Chapel Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	5 vinyl signs	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$535.61

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
South Windsor Public Library	06/02/2026	[X] Check # 2381 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1550 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	memorial donation in honor of Susan Shepard	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

Name of Payee	Date of Payment	Method of Payment
Big Y	06/03/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
234 Tolland Tpke	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
FOOD	crafter lunches	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$386.36

Name of Payee	Date of Payment	Method of Payment
Amazon	06/03/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Utility Table	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$71.24

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Amazon	06/04/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	crafter booth # cards	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$15.94

Name of Payee	Date of Payment	Method of Payment
Amazon	06/05/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	canopy sidewalls	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$36.36

Name of Payee	Date of Payment	Method of Payment
Extra space Storage	06/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
688 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	Unit 457 - June	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$176.02

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Capitol Equipment	06/09/2026	[X] Check # 2385 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
28 Hilliard St	Manchester	CT	06042

Purpose of Expenditure (by code)	Description	Event #
EFV *	Gaiter for trash	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$375.00

Name of Payee	Date of Payment	Method of Payment
Otherdesigns	06/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
400 Chapel Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
A-SIGN	vinyl banners (2)	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$202.00

Name of Payee	Date of Payment	Method of Payment
Mazolu Animal Sanctuary	06/09/2026	[X] Check # 2384 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
215 Main St	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Petting Zoo	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Diamond Ice	06/09/2026	[X] Check # 2383 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
93 Industrial Dr	Southington	CT	06489

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Ice (70) 20lb bags of ice	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$596.93

Name of Payee	Date of Payment	Method of Payment
Restaurant Depot	06/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
265 Reverend Moody Overpass	Hartford	CT	06114

Purpose of Expenditure (by code)	Description	Event #
Misc *	Misc supplies for the Strawberry Fest -	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$796.93

Name of Payee	Date of Payment	Method of Payment
M&R Liquors	06/10/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
206 Buckland Rd	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
FOOD	Hulling and Volunteer Beverages	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$254.73

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Oscars All American	06/11/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
855 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	Fest Committee Food for Mtg	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$171.81

Name of Payee	Date of Payment	Method of Payment
Amazon	06/11/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	sponsor clear sleeves	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$21.24

Name of Payee	Date of Payment	Method of Payment
Amazon	06/12/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1200 12th Ave S Ste 1200	Seattle	WA	98144

Purpose of Expenditure (by code)	Description	Event #
FNDR *	ticket buckets	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$107.40

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Avery Beverages	06/12/2026	[X] Check # 238788 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Hartford Sq Box 1 West	New Britain	CT	06052

Purpose of Expenditure (by code)	Description	Event #
FOOD	Strawberry Soda	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,530.00

Name of Payee	Date of Payment	Method of Payment
Petersens Hardware Inc	06/12/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
850 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
FNDR *	SF Setup	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$110.97

Name of Payee	Date of Payment	Method of Payment
Dunkin' Donuts	06/13/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
855 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
FOOD	Setup volunteers	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$24.47

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Vistaprint	06/14/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
275 Wyman St	Waltham	MA	02451

Purpose of Expenditure (by code)	Description	Event #
Misc *	thank you notes for SF	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$79.53

Name of Payee	Date of Payment	Method of Payment
USPS	06/14/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
850 Clark St	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
POST	SF Thank you's	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$157.70

Name of Payee	Date of Payment	Method of Payment
Dzen Brothers, Inc	06/15/2026	[X] Check # 2386 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
187 Windsorville Rd	Ellington	CT	06029

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Strawberries - 100 flats	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$4,300.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Travelers Insurance Co	06/15/2026	[X] Check # 2389 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Tower Sq	Hartford	CT	

Purpose of Expenditure (by code)	Description	Event #
Misc *	Liability Insurance Policy	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$466.00

Name of Payee	Date of Payment	Method of Payment
Valley Wines	06/20/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
276 Scott Swamp Rd	Farmington	CT	06032

Purpose of Expenditure (by code)	Description	Event #
Gift *	thank you - box truck	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$75.62

Name of Payee	Date of Payment	Method of Payment
Anedot	06/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expenditure (by code)	Description	Event #
WEB	fee	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1.90

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Mohegan Sun	06/25/2026	[X] Check # 2390 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
Misc *	lodging expense for attending a convention	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$150.00

Name of Payee	Date of Payment	Method of Payment
Town of South Windsor	06/28/2026	[X] Check # 2391 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
1540 Sullivan Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
Misc *	Police	06132026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,156.80

Total of Section P	**$23,019.85**

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

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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 *(Itemization in Addendum S Required unless "None of the below" is checked)*			Amount Incurred (Estimate or Actual)
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization : A B C D		
		Total of Section S		

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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
Cordeiro	Steven		04/16/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Big Y

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2372 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
234 Tolland Tpke	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
RMB	SWPD	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $54.46

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Buganski	Despina		04/24/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Costco

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2373 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
12220 Tamarack Ave	South Windsor	CT	06074

Purpose of Expenditure (by code)	Description	Event #
RMB	Meet and Greet Food	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $258.40

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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
Cordeiro	Steven		05/13/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Big Y

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2378 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
234 Tolland Tpke	Manchester	CT	06040

Purpose of Expenditure (by code)	Description	Event #
RMB	Police Appreciation Lunch	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $175.30

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Delnicki	Audrey		05/16/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Mohegan Sun

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2375 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
RMB	convention	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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
Daniel	Seypura		05/16/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Mohegan Sun

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2376 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
RMB	convention	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $150.00

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity
Mitchell	Patrick		05/16/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant: Airbnb

Payment to Reimburse Committee Worker/Consultant as reported in Section P: [X] Check # 2377 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
888 Brannan St	San Francisco	CA	94103

Purpose of Expenditure (by code)	Description	Event #
RMB	convention	

Expenditure #

Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)

[X] None of the below
[ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent
[ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D

Amount: $150.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
South Windsor 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
Carey	Carolyn		06/25/2026

Name of Vendor, Person or Entity Paid by Committee Worker/Consultant	Payment to Reimburse Committee Worker/Consultant as reported in Section P
Mohegan Sun	[X] Check # 2390 [ ] Debit Card [ ] EFT

Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City	State	Zip Code
1 Mohegan Sun Blvd	Uncasville	CT	06382

Purpose of Expenditure (by code)	Description	Event #
RMB	convention	

Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization: [ ] A [ ] B [ ] C [ ] D	$150.00

Total of Section T	$1,088.16

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