

**SEEC FORM 20**

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



Electronic Filing

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Page 1 of 28

**COVER PAGE**

|                                                                                                                                                                                                                                                                |                                                         |                                         |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------|------------------------------------|
| 1. NAME OF COMMITTEE                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Middletown Republican Town Committee                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| 2. TREASURER NAME                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| First<br>Kathryn                                                                                                                                                                                                                                               | MI<br>A                                                 | Last<br>Chester                         | Suffix                             |
| 3. TREASURER ADDRESS                                                                                                                                                                                                                                           |                                                         |                                         |                                    |
| Street Address<br>180 S Plumb Rd                                                                                                                                                                                                                               | City<br>Middletown                                      | State<br>CT                             | Zip Code<br>06457                  |
| 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                                                                                                                                                                                                                                              |                                                         |                                         |                                    |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |                                                         |                                         |                                    |
| Electronic Filing<br>SIGNATURE                                                                                                                                                                                                                                 | Kathryn Chester<br>PRINT NAME OF THE SIGNER             | 07/03/2026 12:20:04PM<br>DATE CERTIFIED |                                    |
| A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.                                                                                                  |                                                         |                                         |                                    |

**SEEC FORM 20**

## Itemized Campaign Finance Disclosure Statement

## CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                           | TYPE OF REPORT            |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------|
| <b>Middletown Republican Town Committee</b>                                                                                                              | July 10 Filing - Original |                       |
|                                                                                                                                                          | COLUMN A<br>This Period   | COLUMN B<br>Aggregate |
| 11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees |                           | <b>\$2,394.67</b>     |
| 12. Balance on hand at the beginning of Reporting Period                                                                                                 | <b>\$2,696.96</b>         |                       |
| 13. Contributions received from Individuals (Section A and B)                                                                                            | <b>\$2,730.50</b>         | <b>\$3,060.50</b>     |
| 14. Receipts from Other Committees (Sections C1 and C2)                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 15. Other Monetary Receipts (Section D through K)                                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)                                                                              | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed                                                                                   |                           |                       |
| 16c. Total Purchases of Advertising - Program Book or Sign (Section L3)                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c)                                                                                        | <b>\$2,730.50</b>         | <b>\$3,060.50</b>     |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)                                                                   | <b>\$5,427.46</b>         | <b>\$5,455.17</b>     |
| 19. Expenses Paid by Committee (Section P)                                                                                                               | <b>\$1,165.12</b>         | <b>\$1,192.83</b>     |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)                                                         | <b>\$4,262.34</b>         | <b>\$4,262.34</b>     |
| 21. In-Kind Donations not Considered Contributions Received (Section L4)                                                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5)                                                                            | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section M)                                                                                                           | <b>\$222.00</b>           | <b>\$222.00</b>       |
| 24. Refundable Deposit to Telephone Company (Section N)                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25. Loan Balance                                                                                                                                         | <b>\$0.00</b>             |                       |
| 25a. + Loans Received (Section D)                                                                                                                        | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25b. + Interest and Penalties on Loan(s)                                                                                                                 | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25c. - Payments on Loan                                                                                                                                  | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 25d. Total Outstanding Loan Amount                                                                                                                       | <b>\$0.00</b>             |                       |
| 26. Campaign Expenses Paid By Candidate (Section Q)                                                                                                      | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 27. Expenses Incurred on Committee Credit Card (Section R)                                                                                               | <b>\$0.00</b>             | <b>\$0.00</b>         |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S)                                                                           | <b>\$0.00</b>             |                       |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)                                                                           | <b>\$0.00</b>             |                       |

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

|                                                                                |                           |
|--------------------------------------------------------------------------------|---------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
| Middletown 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<br>Chester                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | First Name<br>Kathryn                          |                                     | MI<br>A           |
| Residential Street Address<br>180 S Plumb Rd                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    | City<br>Middletown                             | State<br>CT                         | Zip Code<br>06457 |
| Principal Occupation<br>Firm Administrator                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Carney, Roy and Gerrol, PC |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                                | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/27/2026                    | Aggregate Contributions<br>\$150.00 | \$50.00           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                             |                                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------|
| Last Name<br>Giuliano                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | First Name<br>Sebastian     |                                    | MI                |
| Residential Street Address<br>348 Maple Shade Rd                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                    | City<br>Middletown          | State<br>CT                        | Zip Code<br>06457 |
| Principal Occupation<br>Retired                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>retired |                                    |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                             | Amount of Contribution             |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                             |                                    |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/27/2026 | Aggregate Contributions<br>\$40.00 | \$10.00           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                             |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-------------------|
| Last Name<br>Szynkowicz                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                    | First Name<br>Linda                         |                                     | MI                |
| Residential Street Address<br>140 Knox Blvd                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | City<br>Middletown                          | State<br>CT                         | Zip Code<br>06457 |
| Principal Occupation<br>Founder CEO                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Fight Voter Fraud, Inc. |                                     |                   |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                             | Amount of Contribution              |                   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                             |                                     |                   |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>04/27/2026                 | Aggregate Contributions<br>\$200.00 | \$100.00          |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                 |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Szynkowicz</b>                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Vincent</b>                    |                                            | MI                       |
| Residential Street Address<br><b>140 Knox Blvd</b>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | City<br><b>Middletown</b>                       | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Elevator Inspector</b>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>State of Connecticut</b> |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                                 |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                 |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/27/2026</b>              | Aggregate Contributions<br><b>\$200.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                 |                                            | <b>\$200.00</b>          |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Pylant</b>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Rogers</b>        |                                            | MI                       |
| Residential Street Address<br><b>80 Round Hill Rd</b>                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                    | City<br><b>Middletown</b>          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>retired</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>retired</b> |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/27/2026</b> | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                    |                                            | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                       |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Cousino</b>                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    | First Name<br><b>Janice</b>                           |                                           | MI                       |
| Residential Street Address<br><b>90 Briarwood Ln</b>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | City<br><b>Middletown</b>                             | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Nurse</b>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br><b>CT State Community College</b> |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                                       |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                       |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br><b>04/27/2026</b>                    | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                                       |                                           | <b>\$20.00</b>           |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Szynkowicz</b>                                                                                                                                                                                                        |  | First Name<br><b>Linda</b>                                                                                                                                                                                                                                                                                         |                                            | MI                       |
| Residential Street Address<br><b>140 Knox Blvd</b>                                                                                                                                                                                    |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Founder CEO</b>                                                                                                                                                                                            |  | Name of Employer<br><b>Fight Voter Fraud, Inc.</b>                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>04/27/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$200.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Hibbard</b>                                                                                                                                                                                                           |  | First Name<br><b>Deborah</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>197 Coleman Rd</b>                                                                                                                                                                                   |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Insurance Agent</b>                                                                                                                                                                                        |  | Name of Employer<br><b>Brownstone Insurance CT</b>                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/06/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$200.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$200.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Gionfriddo</b>                                                                                                                                                                                                        |  | First Name<br><b>Stephen</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>219 Farm Hill Rd</b>                                                                                                                                                                                 |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Deputy Registrar of Voters</b>                                                                                                                                                                             |  | Name of Employer<br><b>City of Middletown</b>                                                                                                                                                                                                                                                                      |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/07/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>           |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Kowaleski</b>                                                                                                                                                                                                         |  | First Name<br><b>C.J.</b>                                                                                                                                                                                                                                                                                          |                                           | MI                       |
| Residential Street Address<br><b>6 Cottage St</b>                                                                                                                                                                                     |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Consulting</b>                                                                                                                                                                                             |  | Name of Employer<br><b>Powers, Griffin &amp; Hill</b>                                                                                                                                                                                                                                                              |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Hayn</b>                                                                                                                                                                                                              |  | First Name<br><b>Adam</b>                                                                                                                                                                                                                                                                                          |                                           | MI<br><b>R</b>           |
| Residential Street Address<br><b>70 Bielefield Rd</b>                                                                                                                                                                                 |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Printer</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Adam Hayn</b>                                                                                                                                                                                                                                                                               |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lumaj</b>                                                                                                                                                                                                             |  | First Name<br><b>Peter</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>745 Mill Plain Rd</b>                                                                                                                                                                                |  | City<br><b>Fairfield</b>                                                                                                                                                                                                                                                                                           | State<br><b>CT</b>                        | Zip Code<br><b>06824</b> |
| Principal Occupation<br><b>Attorney</b>                                                                                                                                                                                               |  | Name of Employer<br><b>Lumaj Law Office</b>                                                                                                                                                                                                                                                                        |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Suski</b>                                                                                                                                                                                                             |  | First Name<br><b>Henry</b>                                                                                                                                                                                                                                                                                         |                                           | MI                       |
| Residential Street Address<br><b>166 Pearl St</b>                                                                                                                                                                                     |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Way</b>                                                                                                                                                                                                               |  | First Name<br><b>Thomas</b>                                                                                                                                                                                                                                                                                        |                                            | MI                       |
| Residential Street Address<br><b>221 Poplar Rd</b>                                                                                                                                                                                    |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Driver, Machine Operator</b>                                                                                                                                                                               |  | Name of Employer<br><b>Yankee Heritage Excavation</b>                                                                                                                                                                                                                                                              |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$100.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$100.00</b>          |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Goss-Gallo</b>                                                                                                                                                                                                        |  | First Name<br><b>Erin</b>                                                                                                                                                                                                                                                                                          |                                           | MI                       |
| Residential Street Address<br><b>110 Old Farms East Rd</b>                                                                                                                                                                            |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Office Manager</b>                                                                                                                                                                                         |  | Name of Employer<br><b>Dental Assoc of Kensington</b>                                                                                                                                                                                                                                                              |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Manke</b>                                                                                                                                                                                                             |  | First Name<br><b>Susan</b>                                                                                                                                                                                                                                                                                         |                                           | MI<br><b>G</b>           |
| Residential Street Address<br><b>105 Stoneycrest Dr</b>                                                                                                                                                                               |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Cromwell</b>                                                                                                                                                                                               |  | Name of Employer<br><b>Shop Rite</b>                                                                                                                                                                                                                                                                               |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Szynkowicz</b>                                                                                                                                                                                                        |  | First Name<br><b>Vincent</b>                                                                                                                                                                                                                                                                                       |                                            | MI                       |
| Residential Street Address<br><b>140 Knox Blvd</b>                                                                                                                                                                                    |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Elevator Inspector</b>                                                                                                                                                                                     |  | Name of Employer<br><b>State of Connecticut</b>                                                                                                                                                                                                                                                                    |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$250.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Cousino</b>                                                                                                                                                                                                           |  | First Name<br><b>Janice</b>                                                                                                                                                                                                                                                                                        |                                           | MI                       |
| Residential Street Address<br><b>90 Briarwood Ln</b>                                                                                                                                                                                  |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Nurse</b>                                                                                                                                                                                                  |  | Name of Employer<br><b>CT State Community College</b>                                                                                                                                                                                                                                                              |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$45.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Pylant</b>                                                                                                                                                                                                            |  | First Name<br><b>Rogers</b>                                                                                                                                                                                                                                                                                        |                                            | MI                       |
| Residential Street Address<br><b>80 Round Hill Rd</b>                                                                                                                                                                                 |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>retired</b>                                                                                                                                                                                                                                                                                 |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$125.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Corey</b>                                                                                                                                                                                                             |  | First Name<br><b>Matthew</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>181 Center St</b>                                                                                                                                                                                    |  | City<br><b>Manchester</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06040</b> |
| Principal Occupation<br><b>Manager</b>                                                                                                                                                                                                |  | Name of Employer<br><b>McKinnous LLC</b>                                                                                                                                                                                                                                                                           |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Gregorio</b>                                                                                                                                                                                                          |  | First Name<br><b>Michele</b>                                                                                                                                                                                                                                                                                       |                                           | MI                       |
| Residential Street Address<br><b>4 Grove St Unit 23</b>                                                                                                                                                                               |  | City<br><b>Moodus</b>                                                                                                                                                                                                                                                                                              | State<br><b>CT</b>                        | Zip Code<br><b>06469</b> |
| Principal Occupation<br><b>Real Estate</b>                                                                                                                                                                                            |  | Name of Employer<br><b>Century 21 All Points</b>                                                                                                                                                                                                                                                                   |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$20.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$20.00</b>           |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Schneider</b>                                                                                                                                                                                                         |  | First Name<br><b>Chris</b>                                                                                                                                                                                                                                                                                         |                                           | MI<br><b>M</b>           |
| Residential Street Address<br><b>307 The Mews</b>                                                                                                                                                                                     |  | City<br><b>Rocky Hill</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06067</b> |
| Principal Occupation<br><b>Business Owner</b>                                                                                                                                                                                         |  | Name of Employer<br><b>Chris Schneider</b>                                                                                                                                                                                                                                                                         |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$50.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$50.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Lenart</b>                                                                                                                                                                                                            |  | First Name<br><b>Konrad</b>                                                                                                                                                                                                                                                                                        |                                           | MI<br><b></b>            |
| Residential Street Address<br><b>290 Atkins St</b>                                                                                                                                                                                    |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Business Manager</b>                                                                                                                                                                                       |  | Name of Employer<br><b>Yale New Haven Health Bridgeport Hospital</b>                                                                                                                                                                                                                                               |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------|
| Last Name<br><b>Chester</b>                                                                                                                                                                                                           |  | First Name<br><b>Arthur</b>                                                                                                                                                                                                                                                                                        |                                          | MI<br><b>R</b>           |
| Residential Street Address<br><b>180 S Plumb Rd</b>                                                                                                                                                                                   |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                       | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                          |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                          | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                          |                          |
| Method of Contribution<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$3.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                          | <b>\$3.00</b>            |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Souto</b>                                                                                                                                                                                                             |  | First Name<br><b>George</b>                                                                                                                                                                                                                                                                                        |                                           | MI<br><b>M</b>           |
| Residential Street Address<br><b>56 Julia Ter</b>                                                                                                                                                                                     |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Registrar of Voters</b>                                                                                                                                                                                    |  | Name of Employer<br><b>City of Middletown</b>                                                                                                                                                                                                                                                                      |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Souto</b>                                                                                                                                                                                                             |  | First Name<br><b>Renee</b>                                                                                                                                                                                                                                                                                         |                                           | MI<br><b></b>            |
| Residential Street Address<br><b>56 Julia Ter</b>                                                                                                                                                                                     |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Chester</b>                                                                                                                                                                                                           |  | First Name<br><b>Kathryn</b>                                                                                                                                                                                                                                                                                       |                                            | MI<br><b>A</b>           |
| Residential Street Address<br><b>180 S Plumb Rd</b>                                                                                                                                                                                   |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Firm Administrator</b>                                                                                                                                                                                     |  | Name of Employer<br><b>Carney, Roy and Gerrol, PC</b>                                                                                                                                                                                                                                                              |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$200.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$50.00</b>           |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Giuliano                                                                                                                                                                                                                 |  | First Name<br>Sebastian                                                                                                                                                                                                                                                                                            |                                    | MI                     |
| Residential Street Address<br>348 Maple Shade Rd                                                                                                                                                                                      |  | City<br>Middletown                                                                                                                                                                                                                                                                                                 | State<br>CT                        | Zip Code<br>06457      |
| Principal Occupation<br>Retired                                                                                                                                                                                                       |  | Name of Employer<br>retired                                                                                                                                                                                                                                                                                        |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>05122026A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/12/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$65.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$25.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Goss                                                                                                                                                                                                                     |  | First Name<br>Robin                                                                                                                                                                                                                                                                                                |                                    | MI                     |
| Residential Street Address<br>833B Long Hill Rd                                                                                                                                                                                       |  | City<br>Middletown                                                                                                                                                                                                                                                                                                 | State<br>CT                        | Zip Code<br>06457      |
| Principal Occupation<br>Analyst                                                                                                                                                                                                       |  | Name of Employer<br>CHNCT                                                                                                                                                                                                                                                                                          |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>05122026A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/12/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$25.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$25.00                |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Zeller                                                                                                                                                                                                                   |  | First Name<br>Christoper                                                                                                                                                                                                                                                                                           |                                    | MI                     |
| Residential Street Address<br>210 Woodland St                                                                                                                                                                                         |  | City<br>South Glastonbury                                                                                                                                                                                                                                                                                          | State<br>CT                        | Zip Code<br>06073      |
| Principal Occupation<br>Consulting                                                                                                                                                                                                    |  | Name of Employer<br>Self                                                                                                                                                                                                                                                                                           |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <u>05122026A</u><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/12/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$50.00 |                        |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    | \$50.00                |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                              |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|
| Last Name<br><b>Hayn</b>                                                                                                                                                                                                              |  | First Name<br><b>Carl</b>                                                                                                                                                                                                                                                                                          |                                              | MI                       |
| Residential Street Address<br><b>309 Chamberlain Rd</b>                                                                                                                                                                               |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                           | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                              |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                              | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event # <b>05122026A</b><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                              |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/12/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$1,000.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                              | <b>\$1,000.00</b>        |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|
| Last Name<br><b>Hayn</b>                                                                                                                                                                                                              |  | First Name<br><b>Adam</b>                                                                                                                                                                                                                                                                                          |                                            | MI<br><b>R</b>           |
| Residential Street Address<br><b>70 Bielefield Rd</b>                                                                                                                                                                                 |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                         | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Printer</b>                                                                                                                                                                                                |  | Name of Employer                                                                                                                                                                                                                                                                                                   |                                            |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                            | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                            |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/13/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$117.50</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                            | <b>\$92.50</b>           |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------|
| Last Name<br><b>Liska</b>                                                                                                                                                                                                             |  | First Name<br><b>Joan</b>                                                                                                                                                                                                                                                                                          |                                           | MI                       |
| Residential Street Address<br><b>467R Kelsey St</b>                                                                                                                                                                                   |  | City<br><b>Middletown</b>                                                                                                                                                                                                                                                                                          | State<br><b>CT</b>                        | Zip Code<br><b>06457</b> |
| Principal Occupation<br><b>Retired</b>                                                                                                                                                                                                |  | Name of Employer<br><b>Retired</b>                                                                                                                                                                                                                                                                                 |                                           |                          |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                           | Amount of Contribution   |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                           |                          |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br><b>05/21/2026</b>                                                                                                                                                                                                                                                                                 | Aggregate Contributions<br><b>\$25.00</b> |                          |
|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                           | <b>\$25.00</b>           |

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Last Name<br>Giuliano                                                                                                                                                                                                                 |  | First Name<br>Sebastian                                                                                                                                                                                                                                                                                            |                                    | MI                     |
| Residential Street Address<br>348 Maple Shade Rd                                                                                                                                                                                      |  | City<br>Middletown                                                                                                                                                                                                                                                                                                 | State<br>CT                        | Zip Code<br>06457      |
| Principal Occupation<br>Retired                                                                                                                                                                                                       |  | Name of Employer<br>retired                                                                                                                                                                                                                                                                                        |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/21/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$75.00 |                        |
| <div style="text-align: right;">\$10.00</div>                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                    |                                    |                        |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Pylant                                                                                                                                                                                                                   |  | First Name<br>Rogers                                                                                                                                                                                                                                                                                               |                                     | MI                     |
| Residential Street Address<br>80 Round Hill Rd                                                                                                                                                                                        |  | City<br>Middletown                                                                                                                                                                                                                                                                                                 | State<br>CT                         | Zip Code<br>06457      |
| Principal Occupation<br>retired                                                                                                                                                                                                       |  | Name of Employer<br>retired                                                                                                                                                                                                                                                                                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>05/28/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$150.00 |                        |
| <div style="text-align: right;">\$25.00</div>                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |

|                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------|
| Last Name<br>Pylant                                                                                                                                                                                                                   |  | First Name<br>Rogers                                                                                                                                                                                                                                                                                               |                                     | MI                     |
| Residential Street Address<br>80 Round Hill Rd                                                                                                                                                                                        |  | City<br>Middletown                                                                                                                                                                                                                                                                                                 | State<br>CT                         | Zip Code<br>06457      |
| Principal Occupation<br>retired                                                                                                                                                                                                       |  | Name of Employer<br>retired                                                                                                                                                                                                                                                                                        |                                     |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        |  | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                     | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               |  | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                     |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |  | Date Received<br>06/29/2026                                                                                                                                                                                                                                                                                        | Aggregate Contributions<br>\$175.00 |                        |
| <div style="text-align: right;">\$25.00</div>                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                    |                                     |                        |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**B. Itemized Contributions from Individuals**

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                |                                    |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|------------------------|
| Last Name<br>Bonin                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                    | First Name<br>Steven           |                                    | MI<br>G                |
| Residential Street Address<br>69 Front St                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    | City<br>Middletown             | State<br>CT                        | Zip Code<br>06457      |
| Principal Occupation<br>Personal Support Staff                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | Name of Employer<br>Susan Mohr |                                    |                        |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                        | If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                  |                                |                                    | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1?<br>If yes, list Event #<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                               | Is contributor a principal of state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br><input type="checkbox"/> Executive <input type="checkbox"/> Legislative<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |                                    |                        |
| Method of Contribution<br><input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order |                                                                                                                                                                                                                                                                                                                    | Date Received<br>06/29/2026    | Aggregate Contributions<br>\$50.00 |                        |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |                                |                                    | \$50.00                |
| <b>Total of Section B</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                    |                                |                                    | <b>\$2,730.50</b>      |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) (Total on Line 13 of Summary Page)                                                                                                                                |                                                                                                                                                                                                                                                                                                                    |                                |                                    | <b>\$2,730.50</b>      |

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

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

Middletown Republican Town Committee

TYPE OF REPORT

July 10 Filing - Original

**C1. Contributions from Other Committees**

|                            |       |                                                                                 |                   |                         |
|----------------------------|-------|---------------------------------------------------------------------------------|-------------------|-------------------------|
| Name of Committee          |       |                                                                                 | Name of Treasurer |                         |
| Address                    |       | Is this contribution associated with an event reported in Section L1?<br>Yes No |                   | Amount of Contribution  |
| If yes, list Event #       |       |                                                                                 |                   |                         |
| City                       | State | Zip Code                                                                        | Date Received     | Aggregate Contributions |
| <b>Total of Section C1</b> |       |                                                                                 |                   |                         |

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

|                                      |                           |
|--------------------------------------|---------------------------|
| NAME OF COMMITTEE                    | TYPE OF REPORT            |
| Middletown 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<br>Reimbursement for shared expense<br>Surplus Distribution |  |                   |
| Expenditure # (if applicable) | Description |          |                                                                          |  |                   |
| <b>Total of Section C2</b>    |             |          |                                                                          |  |                   |

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

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

**D. Loans Received this Period**

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

| I. MONETARY RECEIPTS (Section A-K)                                                                         |       |          |                           |                 |
|------------------------------------------------------------------------------------------------------------|-------|----------|---------------------------|-----------------|
| NAME OF COMMITTEE                                                                                          |       |          | TYPE OF REPORT            |                 |
| Middletown Republican Town Committee                                                                       |       |          | July 10 Filing - Original |                 |
| E. Receipts from Entities other than Individuals or Other Committees ( <i>Referendum Committees ONLY</i> ) |       |          |                           |                 |
| Name of Entity                                                                                             |       |          |                           |                 |
| Street Address                                                                                             |       |          | Date Received             | Amount Received |
| City                                                                                                       | State | Zip Code | Aggregate Contributions   |                 |
| Total of Section E                                                                                         |       |          |                           |                 |

| I. MONETARY RECEIPTS (Section A-K)                                                                 |                                                                                                               |  |                           |        |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|---------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                     |                                                                                                               |  | TYPE OF REPORT            |        |
| Middletown Republican Town Committee                                                               |                                                                                                               |  | July 10 Filing - Original |        |
| F. Amount Transferred from Affiliated Business Treasury ( <i>Business Entity Committees ONLY</i> ) |                                                                                                               |  |                           |        |
| Date of Receipt                                                                                    | Is this transaction associated with an event reported in Section L1?<br>Yes      No      If yes, list Event # |  |                           | Amount |
| Total of Section F                                                                                 |                                                                                                               |  |                           |        |

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

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

|                                                                                            |                   |                           |                   |
|--------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|
| NAME OF COMMITTEE                                                                          |                   | TYPE OF REPORT            |                   |
| Middletown Republican Town Committee                                                       |                   | July 10 Filing - Original |                   |
| <b>H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                           |                   |
| Date of Receipt                                                                            | Method of Payment |                           | Amount            |
|                                                                                            | Cash              | Personal Check            | Credit/Debit Card |
| Total of Section H                                                                         |                   |                           |                   |

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

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

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

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

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

|                                                                                                                                                                                                                             |             |                                                                                                                                                                                                                                                                                                  |             |                                                                                                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)                                                                                                                                              |             |                                                                                                                                                                                                                                                                                                  |             | TYPE OF REPORT                                                                                       |  |
| Middletown Republican Town Committee                                                                                                                                                                                        |             |                                                                                                                                                                                                                                                                                                  |             | July 10 Filing - Original                                                                            |  |
| <b>L1. Event Information</b>                                                                                                                                                                                                |             |                                                                                                                                                                                                                                                                                                  |             |                                                                                                      |  |
| Event #<br>Date of Event<br>05/12/2026                                                                                                                                                                                      | Letter<br>A | Description<br>Meet and Greet Event                                                                                                                                                                                                                                                              |             | Was this a fundraising event?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Location: Street Address<br>106 Court St                                                                                                                                                                                    |             | City<br>Middletown                                                                                                                                                                                                                                                                               | State<br>CT | Zip Code<br>06457                                                                                    |  |
| Subpart 1: (All Committees)<br>Was this event hosted at a personal residence?                                                                                                                                               |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i> |             |                                                                                                      |  |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?                                                                                 |             | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No<br><i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>                                                                                                    |             |                                                                                                      |  |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?                                                                                                   |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |             | <div style="border: 1px solid black; padding: 2px;">\$0.00</div>                                     |  |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)<br>Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>                                                                                     |             |                                                                                                      |  |
| Subpart 3: (Town Committees ONLY)<br>Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?                                                               |             | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br><i>(If yes, enter Total Receipts here.)</i>                                                                                                                                                                            |             | <div style="border: 1px solid black; padding: 2px;">\$0.00</div>                                     |  |
| <b>Total of Section L1</b>                                                                                                                                                                                                  |             |                                                                                                                                                                                                                                                                                                  |             | <b>\$0.00</b>                                                                                        |  |

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

|                                                                                |         |                                    |                               |                                                                                                   |          |
|--------------------------------------------------------------------------------|---------|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |         |                                    |                               | TYPE OF REPORT                                                                                    |          |
| Middletown Republican Town Committee                                           |         |                                    |                               | July 10 Filing - Original                                                                         |          |
| <b>L3. Purchases of Advertising in a Program Book or on a Sign</b>             |         |                                    |                               |                                                                                                   |          |
| Name of Purchaser                                                              |         |                                    |                               | Purchase Made By:<br><b>Business Entity</b> <b>Other</b><br><b>Individual/Sole Proprietorship</b> |          |
| Street Address                                                                 |         | City                               |                               | State                                                                                             | Zip Code |
| Date Received                                                                  | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase | Amount of Sign Purchase                                                                           |          |
| <b>Total of Section L3</b>                                                     |         |                                    |                               |                                                                                                   |          |

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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| Middletown 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:  | Description of Donation |         |                                | Fair Market Value of Donation |          |
| Business Entity     |                         |         |                                |                               |          |
| Individual          | Date Received           | Event # | Aggregate value for this event |                               |          |
| Sole Proprietorship |                         |         |                                |                               |          |

**Total of Section L4****II.EVENT ACTIVITY (Sections L1 - L5)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT            |
|--------------------------------------------------------------------------------|---------------------------|
| Middletown 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**

|                                 |
|---------------------------------|
| <b>M. In-Kind Contributions</b> |
|---------------------------------|

|      |
|------|
| Name |
|------|

| Type of Contributor:               | Date Received | Aggregate contributions | Description of In-Kind Contribution |
|------------------------------------|---------------|-------------------------|-------------------------------------|
| <input type="checkbox"/> Committee | 05/28/2026    | \$222.00                | Stamps                              |

|                                                                        |                                                          |                                                                                 |                                                          |
|------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|
| Is this contribution associated with an event reported in Section I.1? | <input type="checkbox"/> Yes<br><input type="checkbox"/> | Is contributor a principal of state contractor or prospective state contractor? | <input type="checkbox"/> Yes<br><input type="checkbox"/> |
|------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|

|                           |  |                 |
|---------------------------|--|-----------------|
| <b>Total of Section M</b> |  | <b>\$222.00</b> |
|---------------------------|--|-----------------|

---

### III. Non Monetary Receipts (Sections M - O)

| NAME OF COMMITTEE                    | TYPE OF REPORT            |
|--------------------------------------|---------------------------|
| Middletown 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

Middletown Republican Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

Name of Payee

Endless Stitch, LLC

Date of Payment

05/18/2026

Method of Payment

☒ Check #

1238

☐ Debit Card☐ EFT

Street Address

319 Chamberlain Rd

City

Middletown

State

CT

Zip Code

06457

Purpose of  
Expenditure (by code)

Misc \*

Description

Promotional American flags and stickers

Event #

Expenditure #  
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contribution)☐ Independent☐ Organization☐ A☐ B☐ C☐ D

Amount

\$200.00

Name of Payee

Name-Cheap.com

Date of Payment

05/18/2026

Method of Payment

☐ Check #☐ Debit Card☒ EFT

Street Address

4600 E Washington St Ste 305

City

Phoenix

State

AZ

Zip Code

85034

Purpose of  
Expenditure (by code)

WEB

Description

Website

Event #

Expenditure #  
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contribution)☐ Independent☐ Organization☐ A☐ B☐ C☐ D

Amount

\$145.62

Name of Payee

USPS

Date of Payment

05/28/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

190 Center St .

City

Meriden

State

CT

Zip Code

06450

Purpose of  
Expenditure (by code)

POST

Description

Stamps

Event #

Expenditure #  
(if applicable)

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

☒ None of the below☐ Coordinated with reimbursement sought (joint expenditure)☐ Coordinated without reimbursement sought (in-kind contribution)☐ Independent☐ Organization☐ A☐ B☐ C☐ D

Amount

\$500.00

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

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

TYPE OF REPORT

Middletown Republican Town Committee

July 10 Filing - Original

**P. Expenses Paid By Committee**

|                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                                                                                                                                           |                        |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Name of Payee<br>USPS                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>05/28/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT      |                        |
| Street Address<br>190 Center St .            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Meriden               | State<br>CT                                                                                                                               | Zip Code<br>06450      |
| Purpose of Expenditure (by code)<br><br>POST | Description<br>Stamps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$15.60  |
| Name of Payee<br>Rogers Pylant               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/08/2026 | Method of Payment<br><input checked="" type="checkbox"/> Check # 1239<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |                        |
| Street Address<br>80 Round Hill Rd           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>Middletown            | State<br>CT                                                                                                                               | Zip Code<br>06457      |
| Purpose of Expenditure (by code)<br><br>RMB  | Description<br>CT Republican Party Bush Dinner Ticket                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$300.00 |
| Name of Payee<br>Anedot                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Payment<br>06/29/2026 | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT      |                        |
| Street Address<br>1340 Poydras St Ste 1770   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | City<br>New Orleans           | State<br>LA                                                                                                                               | Zip Code<br>70112      |
| Purpose of Expenditure (by code)<br><br>BNK  | Description<br>Anedot Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                                                                           | Event #                |
| Expenditure # (if applicable)                | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked)<br><input checked="" type="checkbox"/> None of the below<br><input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent<br><input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |                               |                                                                                                                                           | Amount<br><br>\$3.90   |
| <b>Total of Section P</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>\$1,165.12</b>                                                                                                                         |                        |

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

| <b>IV. EXPENDITURES</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                           |          |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | TYPE OF REPORT            |          |
| Middletown Republican Town Committee                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | July 10 Filing - Original |          |
| <b>R. Expenses Incurred on Committee Credit Card</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                           |          |
| Name of Issuing Institution                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type of Credit Card:<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> <div style="text-align: center; font-size: x-small;">Other</div> |                           |          |
| Name of Vendor, Person or Entity                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | Date of Transaction       |          |
| Street Address                                                                 | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | State                     | Zip Code |
| Purpose of Expenditure (by code)                                               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                              |                           | Event #  |
| Expenditure # (if applicable)                                                  | Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked)<br><br><div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>None of the below</div> <div>Coordinated with reimbursement sought (joint expenditure)</div> <div>Independent</div> </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div>Coordinated without reimbursement sought (in-kind contribution)</div> <div>Organization      A      B      C      D</div> </div> |                                                                                                                                                                                                                                                                              |                           | Amount   |
| <b>Total of Section R</b>                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |                           |          |

**IV. EXPENDITURES**

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

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

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

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

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

### Section R. ADDENDUM

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

### Section S. ADDENDUM

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

### Section T. ADDENDUM

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