SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

North Haven Republican Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Laurie-Jean		**Hannon**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
26 Highland Park Rd	**North Haven**	**CT**	**06473**

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

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

First	MI	Last	Suffix

8. TYPE OF REPORT

July 10 Filing - Original

9. PERIOD COVERED

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

10. CERTIFICATION

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

Electronic Filing	**Laurie-Jean Hannon**	**07/02/2026 3:03:36PM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
North Haven Republican Town Committee	**July 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		**$16,270.82**
12. Balance on hand at the beginning of Reporting Period	**$17,950.44**	
13. Contributions received from Individuals (Section A and B)	**$0.00**	**$0.00**
14. Receipts from Other Committees (Sections C1 and C2)	**$0.00**	**$0.00**
15. Other Monetary Receipts (Section D through K)	**$973.00**	**$3,253.00**
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$973.00**	**$3,253.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$18,923.44**	**$19,523.82**
19. Expenses Paid by Committee (Section P)	**$5,536.86**	**$6,137.24**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$13,386.58**	**$13,386.58**
21. In-Kind Donations not Considered Contributions Received (Section L4)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Section M)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Section N)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Section D)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)	**$0.00**	**$0.00**
27. Expenses Incurred on Committee Credit Card (Section R)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
North Haven 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**

B. Itemized Contributions from Individuals

Last Name	First Name	MI

Residential Street Address	City	State	Zip Code

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? Yes / No	Amount of Contribution
Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event #	Is contributor a principal of state contractor or prospective state contractor? Yes / No If yes, indicate which branch or branches of government the contract is with: Executive / Legislative	

Method of Contribution	Date Received	Aggregate Contributions
Cash / Personal Check / Credit/Debit Card / Payroll Deduction / Money Order		

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

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer

Address	Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus Distribution	
Expenditure # (if applicable)	Description			
			Total of Section C2	

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

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

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

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

I. MONETARY RECEIPTS (Section A-K)

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

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

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

I. MONETARY RECEIPTS (Section A-K)

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

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

Date of Receipt	Amount
Total of Section G	

I. MONETARY RECEIPTS (Section A-K)

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

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
			Total of Section H	

I. Monetary Receipts (Section A-K)

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

J. Interest from Deposits in Authorized Accounts

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

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Michael Freda	04/14/2026	

Street Address	City	State	Zip Code
90 Highland Park Rd .	North Haven	CT	06473

Description: Dues — $75.00

Name	Date of Transaction	Amount Received
Martin Rudnick	04/14/2026	

Street Address	City	State	Zip Code
128 Summer Ln	North Haven	CT	06473

Description: Dues — $75.00

Name	Date of Transaction	Amount Received
Paul Weymann	04/14/2026	

Street Address	City	State	Zip Code
24 Kimberly Cir	North Haven	CT	06473

Description: Dues — $75.00

Name	Date of Transaction	Amount Received
Jennifer Vanacore	04/14/2026	

Street Address	City	State	Zip Code
56 Laydon Ave .	North Haven	CT	06473

Description: Tee Shirt — $25.00

Name	Date of Transaction	Amount Received
Lynne Nielsen	04/14/2026	

Street Address	City	State	Zip Code
15 Sachem Dr .	North Haven	CT	06473

Description: Tee shirts — $50.00

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Frank Mengert	04/14/2026	

Street Address	City	State	Zip Code
44 Canterbury Way	North Haven	CT	06473

Description: Tee Shirts — $65.00

Name	Date of Transaction	Amount Received
Donald Clark	04/14/2026	

Street Address	City	State	Zip Code
32 N Hill Rd .	North Haven	CT	06473

Description: Tee Shirt — $20.00

Name	Date of Transaction	Amount Received
Lynne Nielsen	04/14/2026	

Street Address	City	State	Zip Code
15 Sachem Dr .	North Haven	CT	06473

Description: Tee shirts — $40.00

Name	Date of Transaction	Amount Received
Vincenzo Gallo	04/14/2026	

Street Address	City	State	Zip Code
168 Upper State St .	North Haven	CT	06473

Description: Tee shirt — $23.00

Name	Date of Transaction	Amount Received
Pasquale Nuzzolillo	04/14/2026	

Street Address	City	State	Zip Code
7 Mansfield Dr .	North Haven	CT	06473

Description: Tee shirt — $25.00

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
John Troiano	04/14/2026	

Street Address	City	State	Zip Code
160 Upper State St .	North Haven	CT	06473

Description: Tee shirt — $20.00

Name	Date of Transaction	Amount Received
Thomas Prefontaine	04/14/2026	

Street Address	City	State	Zip Code
121 Standish Ave .	North Haven	CT	06473

Description: Tee shirt — $20.00

Name	Date of Transaction	Amount Received
Marilina Imperati	04/14/2026	

Street Address	City	State	Zip Code
112 Arrowdale Rd .	North Haven	CT	06473

Description: Tee shirt — $25.00

Name	Date of Transaction	Amount Received
Anna Buono	04/14/2026	

Street Address	City	State	Zip Code
20 Alexander Dr .	North Haven	CT	06473

Description: Tee Shirt — $25.00

Name	Date of Transaction	Amount Received
Laurie-Jean Hannon	04/14/2026	

Street Address	City	State	Zip Code
26 Highland Park Rd .	North Haven	CT	06473

Description: Tee shirt — $25.00

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Robert Nielsen	04/14/2026	

Street Address	City	State	Zip Code
15 Sachem Dr .	North Haven	CT	06473

Description: Tee shirt — $20.00

Name	Date of Transaction	Amount Received
Reilly Cargan	04/20/2026	

Street Address	City	State	Zip Code
65 Oakwood Dr	North Haven	CT	06473

Description: Tee shirts — $25.00

Name	Date of Transaction	Amount Received
Susan Maturo	04/20/2026	

Street Address	City	State	Zip Code
120 Millbrook Rd .	North Haven	CT	06473

Description: Tee shirts — $50.00

Name	Date of Transaction	Amount Received
Andrew Gorry	04/21/2026	

Street Address	City	State	Zip Code
13 Dover Rd .	North Haven	CT	06473

Description: Tee shirt — $25.00

Name	Date of Transaction	Amount Received
Mark Parisi	04/21/2026	

Street Address	City	State	Zip Code
10 Victor Rd .	North Haven	CT	06473

Description: Tee shirt — $25.00

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Gina Falcigno	04/21/2026	

Street Address	City	State	Zip Code
11 St John St .	North Haven	CT	06473

Description: Tee Shirt — $25.00

Name	Date of Transaction	Amount Received
Maria Dean	04/21/2026	

Street Address	City	State	Zip Code
21 Weathers Rd	North Haven	CT	06473

Description: Tee Shirts — $45.00

Name	Date of Transaction	Amount Received
Giancarlo Gallo	05/20/2026	

Street Address	City	State	Zip Code
166 Upper State St .	North Haven	CT	06473

Description: Dues — $75.00

Name	Date of Transaction	Amount Received
Eleni Diakogeorgiou	05/21/2026	

Street Address	City	State	Zip Code
307 Upper State St .	North Haven	CT	06473

Description: Dues — $75.00

Name	Date of Transaction	Amount Received
Ashley Leddy	05/21/2026	

Street Address	City	State	Zip Code
28 Cella Ter	North Haven	CT	06473

Description: Tee shirt — $20.00

Total of Section K	**$973.00**

II. EVENT ACTIVITY (Sections L1 - L5)

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

L1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
10/01/2026	L	Dinner Event	[X] Yes [ ] No

Location: Street Address	City	State	Zip Code
310 W Shepard Ave .	Hamden	CT	06514

Subpart 1: (All Committees)

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

Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?
[ ] Yes [X] No
(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?
[ ] Yes [X] No
(If yes, enter Total Receipts here.) $0.00

Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)

Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?
[ ] Yes [X] No
(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?
[ ] Yes [X] No
(If yes, enter Total Receipts here.) $0.00

Total of Section L1	**$0.00**

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

Name of Purchaser	Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

II. EVENT ACTIVITY (Sections L1 - L5)

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

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

Name of the Host	Is this event supporting more than one candidate or committee? Yes No If yes, complete Itemization in Addendum L5

Street Address	City	State	Zip Code

Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section L5	

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name

Street Address	City	State	Zip Code

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

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes / No	If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? Yes / No	Fair Market Value of this Contribution

Is this contribution associated with an event reported in Section L1? Yes / No If yes, list Event#	Is contributor a principal of state contractor or prospective state contractor? Yes / No If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Total of Section M	

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Evoice Services	04/01/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
700 Flower St .	Los Angeles	CA	90017

Purpose of Expenditure (by code)	Description	Event #
OVHD	Telephone	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$16.65

Name of Payee	Date of Payment	Method of Payment
North Haven Education Foundation	04/10/2026	[X] Check # 1007 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
c/o No Haven High School 221 Elm St	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
CHAR	Community Fundraiser	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$550.00

Name of Payee	Date of Payment	Method of Payment
St. Elizabeth of the Trinity	04/15/2026	[X] Check # 1009 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
44 Washington Ave	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
A-OTH	Church Fair signage	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$75.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sports Plus	04/16/2026	[X] Check # 1008 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
117 Washington Ave Ste 6	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
Misc *	Tee Shirts	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$705.10

Name of Payee	Date of Payment	Method of Payment
Frontier Communications	04/23/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 20550	Rochester	NY	14602-0550

Purpose of Expenditure (by code)	Description	Event #
OVHD	Internet	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$320.40

Name of Payee	Date of Payment	Method of Payment
Evoice Services	05/01/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
700 Flower St .	Los Angeles	CA	90017

Purpose of Expenditure (by code)	Description	Event #
OVHD	Telephone	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$16.65

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
John Troiano	05/01/2026	[X] Check # 1010 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
160 Upper State St	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
RMB	Flags for Memorial Day Parade	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$89.99

Name of Payee	Date of Payment	Method of Payment
The Vue CT	05/05/2026	[X] Check # 1012 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
310 W Shepard Ave .	Hamden	CT	06514

Purpose of Expenditure (by code)	Description	Event #
FNDR *	Deposit on annual fundraiser	10012026L

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,000.00

Name of Payee	Date of Payment	Method of Payment
Hearst Media Services LLC	05/09/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
PO Box 14497	Des Moines	IA	50306

Purpose of Expenditure (by code)	Description	Event #
A-NEWS	Caucus notification	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$99.33

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Sharon's Flower Boutique	05/15/2026	[ ] Check # [X] Debit Card [ ] EFT

Street Address	City	State	Zip Code
536 Washington Ave .	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
Misc *	Sunshine Committee expenses	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$102.09

Name of Payee	Date of Payment	Method of Payment
Tao Asian Bistro & Lounge	05/15/2026	[ ] Check # [X] Debit Card [ ] EFT

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

Purpose of Expenditure (by code)	Description	Event #
FOOD	State Convention dinner for delegates	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,875.00

Name of Payee	Date of Payment	Method of Payment
North Haven High School Scholarship Drive	05/15/2026	[X] Check # 1013 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
221 Elm St	North Haven	CT	06473

Purpose of Expenditure (by code)	Description	Event #
Misc *	High School Scholarship	

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

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

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

Street Address	City	State	Zip Code
700 Flower St .	Los Angeles	CA	90017

Purpose of Expenditure (by code)	Description	Event #
OVHD	Telephone	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$16.65

Name of Payee	Date of Payment	Method of Payment
Sophie Olander	06/10/2026	[X] Check # 1014 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
6 Cottage Ln	Amston	CT	06231

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Marketing and PR	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$170.00

Total of Section P	**$5,536.86**

IV. EXPENDITURES (Sections P - T)

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

Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)	Date of Payment	Is Reimbursement Claimed? Yes No
Street Address / City / State / Zip Code		
Purpose of Expenditure (by code) / Description / Event # / **Amount**		
Total of Section Q		

IV. EXPENDITURES

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

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
Name of Vendor, Person or Entity	Date of Transaction
Street Address / City / State / Zip Code	
Purpose of Expenditure (by code) / Description / Event #	

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

IV. EXPENDITURES

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

S. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
Street Address	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure# (if applicable)	Type of Expenditure *(Itemization in Addendum S Required unless "None of the below" is checked)*			Amount Incurred (Estimate or Actual)
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization : A B C D		
			Total of Section S	

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section P	
			Check #	Debit Card EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant	City		State	Zip Code
Purpose of Expenditure (by code)	Description			Event #
Expenditure #	Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked)			Amount
	None of the below			
	Coordinated with reimbursement sought (joint expenditure)	Independent		
	Coordinated without reimbursement sought (in-kind contribution)	Organization: A B C D		
			Total of Section T	

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Are Limits Aggregated? **Yes** **No**	Aggregating Committees

Section R. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee