

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 19

COVER PAGE

1. NAME OF COMMITTEE			
Stratford Republican Town Committee			
2. TREASURER NAME			
First Casimir	MI A	Last Mizera	Suffix
3. TREASURER ADDRESS			
Street Address 185 Boston Ave	City Stratford	State CT	Zip Code 06614
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 SIGNATURE	Casimir Mizera PRINT NAME OF THE SIGNER	07/10/2026 11:16:00PM 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	
Stratford 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		\$3,073.41
12. Balance on hand at the beginning of Reporting Period	\$4,915.14	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$4,725.00	\$8,572.30
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$4,725.00	\$8,572.30
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,640.14	\$11,645.71
19. Expenses Paid by Committee (Section P)	\$4,442.22	\$6,447.79
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$5,197.92	\$5,197.92
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	
Stratford Republican Town Committee				July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>					
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? If yes, list Event # Yes No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative Yes No			
Method of Contribution Cash Personal Check Credit/Debit Card Payroll Deduction Money Order			Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 13 of Summary Page)</i>					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Stratford Republican Town Committee				July 10 Filing - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Laura Hoydick for Mayor			Noreen McGorty		
Address 55 Castle Dr		Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No If yes, list Event #			Amount of Contribution
City Stratford	State CT	Zip Code 06614	Date Received 04/28/2026	Aggregate Contributions \$4,500.00	
Total of Section C1					\$4,500.00

I. MONETARY RECEIPTS (Section A-K)

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

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee Troy for the 120th			Name of Treasurer Patricia M Gallagher		
Address 185 Glenwood Ave			Date Received 06/26/2026		Amount of Receipt \$150.00
City Stratford	State CT	Zip Code 06614	Payment Type ☒ Reimbursement for shared expense ☐ Surplus Distribution		
Expenditure # (if applicable) 6062026	Description Shared expense of photographer for the afternoon.				

Name of Committee Troy for the 120th			Name of Treasurer Patricia M Gallagher		
Address 185 Glenwood Ave			Date Received 06/26/2026		Amount of Receipt \$75.00
City Stratford	State CT	Zip Code 06614	Payment Type ☒ Reimbursement for shared expense ☐ Surplus Distribution		
Expenditure # (if applicable) 6062026	Description Shared expense of table space rental for Mains Street Festival 50/50				

Total of Section C2						\$225.00
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I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Stratford 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	
Stratford 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	
Stratford 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? Yes No If yes, list Event #				Amount
Total of Section F					

I. MONETARY RECEIPTS (Section A-K)

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

K. Miscellaneous Monetary Receipts not Considered Contributions

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

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Stratford Republican Town Committee				July 10 Filing - Original	
L1. Event Information					
Event # Date of Event 06/06/2026	Letter C	Description Other Event		Was this a fundraising event? ☐ Yes ☒ No	
Location: Street Address 2289 Main St		City Stratford	State CT	Zip Code 06614	
Subpart 1: (All Committees) Was this event hosted at a personal residence?		☐ Yes ☒ No	(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.)		
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☒ No	(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 purchases from an individual of up to \$100?		☐ Yes ☒ 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 ☒ 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 ☒ 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	
Stratford 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
Stratford Republican Town Committee	July 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

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

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

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

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions
Individual / Sole Proprietorship	Other		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
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
			Fair Market Value of this Contribution

Total of Section M**III. Non Monetary Receipts (Sections M - O)**

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

N. Refundable Deposit to Telephone Company

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Sitting Duck		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 3694 Main St		City Stratford	State CT	Zip Code 06614
Purpose of Expenditure (by code) FOOD	Description Food for candidate meeting.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$110.16

Name of Payee Dougherty Agency		Date of Payment 04/03/2026	Method of Payment ☒ Check # 1147 ☐ Debit Card ☐ EFT	
Street Address 2420 Main St		City Stratford	State CT	Zip Code 06615
Purpose of Expenditure (by code) OVHD	Description Liability umbrella insurance coverage			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$995.60

Name of Payee Stratford High School Baseball		Date of Payment 04/09/2026	Method of Payment ☒ Check # 1148 ☐ Debit Card ☐ EFT	
Street Address 45 N Parade		City Stratford	State CT	Zip Code 06615
Purpose of Expenditure (by code) CHAR	Description Annual Sponsorship of high school baseball.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$300.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Wilcoxson Fathers Club

Date of Payment

04/09/2026

Method of Payment

☒ X

Check # 1149

☐

Debit Card

☐

EFT

Street Address

600 Wilcoxson Ave

City

Stratford

State

CT

Zip Code

06614

Purpose of
Expenditure (by code)

CHAR

Description

Granner school annual golf tournament sponsor

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$300.00

Name of Payee

Paradise Pizza

Date of Payment

05/14/2026

Method of Payment

☐

Check #

☒ X

Debit Card

☐

EFT

Street Address

3610 Main St

City

Stratford

State

CT

Zip Code

06614

Purpose of
Expenditure (by code)

FOOD

Description

Food & Bev for convention delegate meeting

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$136.29

Name of Payee

VFW Post 9460

Date of Payment

05/14/2026

Method of Payment

☒ X

Check # 1150

☐

Debit Card

☐

EFT

Street Address

100 Veterans Blvd

City

Stratford

State

CT

Zip Code

06615

Purpose of
Expenditure (by code)

CHAR

Description

Donation to local VFW

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$125.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Landsdowne Irish Pub		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Mohrgan Sun		City Uncasville	State CT	Zip Code 06382
Purpose of Expenditure (by code) FOOD	Description Food associated with convention.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$296.69

Name of Payee Ballo		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Mohegan Sun Blvd		City Uncasville	State CT	Zip Code 06838
Purpose of Expenditure (by code) FOOD	Description Food & Bev at convention.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$143.78

Name of Payee Hash House		Date of Payment 05/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 1 Mohegan Sun Blvd		City Uncasville	State CT	Zip Code 06382
Purpose of Expenditure (by code) FOOD	Description Food associated with convention.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$29.09

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Harland Clarke & Co		Date of Payment 05/20/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 15955 La Cantera Pkwy		City San Antonio	State TX	Zip Code 78256
Purpose of Expenditure (by code) BNK	Description BNK/PRNT- Business Checks			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$207.86
Name of Payee Stratford Rotary Club		Date of Payment 05/28/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 98		City Stratford	State CT	Zip Code 06615
Purpose of Expenditure (by code) A-OTH	Description Information Booth at Stratford Main Street Festival sponsored by Rotary. 50/50 split			Event # 06062026C
Expenditure # (if applicable) 627962	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☐ None of the below ☒ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$150.00
Name of Payee Staples		Date of Payment 06/04/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 3 Armstrong Dr		City Shelton	State CT	Zip Code 06484
Purpose of Expenditure (by code) OFFICE	Description General office supplies and card stock.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) ☒ None of the below ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D			Amount \$98.53

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Austin Confransco

Date of Payment

06/11/2026

Method of Payment

☒ X

Check # 1201

☐

Debit Card

☐

EFT

Street Address

54 Green St

City

East Haven

State

CT

Zip Code

06612

Purpose of
Expenditure (by code)

CNSLT

Description

CNSLT-Photographer for shoot at Main Street Festival sponsored by Rotary. 50/50 split.

Event #

06062026C

Expenditure #
(if applicable)

628094

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

☐

None of the below

☒ X

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$300.00

Name of Payee

Connecticut Republican State Central Committee

Date of Payment

06/13/2026

Method of Payment

☐

Check #

☒ X

Debit Card

☐

EFT

Street Address

98 Washington St Ste 203

City

Middletown

State

CT

Zip Code

06457

Purpose of
Expenditure (by code)

PBA-ATT *

Description

Officers table sets for Awards dinner in honor of Silhavey.

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$1,249.22

Total of Section P**\$4,442.22**

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

IV. EXPENDITURES

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

IV. EXPENDITURES (Sections P - T)

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

Section L5. ADDENDUM

NAME OF COMMITTEE

TYPE OF REPORT

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

Event #

Name of Candidate or Committee

Section P. ADDENDUM

NAME OF COMMITTEE

TYPE OF REPORT

Stratford Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee - Addendum

Expenditure #

627962



Supported



Opposed

Amount of Expenditure

\$150.00

Name of Candidate or Committee

Troy for the 120th

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$75.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

Name of Candidate or Committee

Stratford Republican Town Committee

Office Sought (if applicable)

Cost Allocated to Candidate or Committee

\$75.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

Expenditure #

628094



Supported



Opposed

Amount of Expenditure

\$300.00

Name of Candidate or Committee

Troy for the 120th

Office Sought (if applicable)

State Representative

Cost Allocated to Candidate or Committee

\$150.00

Are Limits Aggregated?



Yes



No

Aggregating Committees

Name of Candidate or Committee

Stratford Republican Town Committee

Office Sought (if applicable)

Cost Allocated to Candidate or Committee

\$150.00

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	