

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 20

COVER PAGE

1. NAME OF COMMITTEE			
Stonington Republican Town Committee			
2. TREASURER NAME			
First	MI	Last	Suffix
Donald	J	Fiore	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
5 W Vine St	Pawcatuck	CT	06379
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	Donald Fiore	07/09/2026 2:34:56PM	
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	
Stonington 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		\$6,937.83
12. Balance on hand at the beginning of Reporting Period	\$7,330.93	
13. Contributions received from Individuals (Section A and B)	\$2,465.25	\$6,350.15
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
16a. Total Proceeds from Small 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)	\$2,465.25	\$6,350.15
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,796.18	\$13,287.98
19. Expenses Paid by Committee (Section P)	\$498.34	\$3,990.14
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$9,297.84	\$9,297.84
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
Stonington 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 Kelsey		First Name John		MI D
Residential Street Address 74 Sill Ln		City Old Lyme	State CT	Zip Code 06371
Principal Occupation Investment manager		Name of Employer Hamilton Point Investments		
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 04/10/2026	Aggregate Contributions \$2,000.00	
				\$2,000.00

Last Name Lombardo		First Name Anthony		MI J
Residential Street Address 7 Pauline St		City Pawcatuck	State CT	Zip Code 06379
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? 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 05/20/2026	Aggregate Contributions \$25.00	
				\$25.00

Last Name Sherman		First Name Roger		MI M
Residential Street Address 218 N Water St		City Stonington	State CT	Zip Code 06378
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? 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 06/29/2026	Aggregate Contributions \$30.00	
				\$30.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Stonington Republican Town Committee

July 10 Filing - Original

B. Itemized Contributions from Individuals

Last Name Brown		First Name David		MI A	
Residential Street Address 358 River Rd		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? 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 06/29/2026	Aggregate Contributions \$50.00		
				\$50.00	

Last Name White		First Name Blunt		MI	
Residential Street Address 77 Collins Rd		City Stonington		State CT	Zip Code 06378
Principal Occupation Retired		Name of Employer Retired			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? 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 06/29/2026	Aggregate Contributions \$100.00		
				\$100.00	

Last Name Lee		First Name Rhandi		MI M	
Residential Street Address 1 Fairway Ct		City Pawcatuck		State CT	Zip Code 06379
Principal Occupation owner		Name of Employer murphy apts LLC			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? 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 06/30/2026	Aggregate Contributions \$430.25		
				\$260.25	

Total of Section B					\$2,465.25
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)					\$2,465.25

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT
Stonington 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 #			
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE					TYPE OF REPORT
Stonington 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
Stonington Republican Town Committee	July 10 Filing - Original

D. Loans Received this Period

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

Total of Section D**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Stonington 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
Stonington 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
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Total of Section F

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Stonington 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
Stonington 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 Cash Personal Check Credit/Debit Card
Amount	
Total of Section H	

I. Monetary Receipts (Section A-K)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
Stonington 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	
Stonington 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	
Stonington Republican Town Committee			July 10 Filing - Original	
L1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		Yes 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.)	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	(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)</i>				
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.)	
Total of Section L1				

II. EVENT ACTIVITY (Sections L1 - L5)

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

M. In-Kind Contributions

Name			
Street Address		City	State
			Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee			
Individual / Sole Proprietorship	Other		
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?	Fair Market Value of this Contribution
		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	

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE	TYPE OF REPORT
Stonington 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

Stonington Republican Town Committee

July 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Washington Trust Company		Date of Payment 04/01/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 23 Broad St		City Westerly	State RI	Zip Code 02891
Purpose of Expenditure (by code) BNK	Description New Checks Ordered for SRTC			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 \$41.30

Name of Payee Carolyn Ferrara		Date of Payment 04/01/2026	Method of Payment ☒ Check # 1080 ☐ Debit Card ☐ EFT	
Street Address 36 Dawley Dr		City Stonington	State CT	Zip Code 06378
Purpose of Expenditure (by code) RMB	Description Lincoln Day Dinner			Event # 03262026A
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 \$241.74

Name of Payee Robert Emery		Date of Payment 04/01/2026	Method of Payment ☒ Check # 1081 ☐ Debit Card ☐ EFT	
Street Address 201 Whitehall Ave		City Old Mystic	State CT	Zip Code 06372
Purpose of Expenditure (by code) RMB	Description Reimbursement for cost of SRTC office supplies			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 \$205.05

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Stonington Republican Town Committee		July 10 Filing - Original	
P. Expenses Paid By Committee			
Name of Payee WinRed Technical Services		Date of Payment 06/29/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT
Street Address 1776 Wilson Blvd		City Arlington	State VA Zip Code 22219
Purpose of Expenditure (by code) WEB	Description Rhandi Lee SRTC donation payment		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 \$10.25
Total of Section P			\$498.34

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	
Stonington 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) Coordinated without reimbursement sought (in-kind contribution) Independent 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	
Stonington 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) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent 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
Stonington Republican Town Committee	July 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Ferrara	First Carolyn	MI 	Date of Payment to Vendor, Person or Entity 01/14/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1080 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 		City Seattle	State WA Zip Code 06378
Purpose of Expenditure (by code) RMB	Description 100 pack blank cards and envelopes, blank note cards, thank you cards		Event # 03262026A
Expenditure #	Type of Expenditure (Itemization in Addendum T 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)		Amount ☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D \$25.51

Last Name of Worker/Consultant Ferrara	First Carolyn	MI 	Date of Payment to Vendor, Person or Entity 01/15/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Zazzle		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1080 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 1800 Seaport Blvd		City Redwood City	State CA Zip Code
Purpose of Expenditure (by code) RMB	Description Red,White,Blue dinner stationery		Event # 03262026A
Expenditure #	Type of Expenditure (Itemization in Addendum T 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)		Amount ☐ Independent ☐ Organization: ☐ A ☐ B ☐ C ☐ D \$24.14

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Ferrara	First Carolyn	MI	Date of Payment to Vendor, Person or Entity 03/20/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1080 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City Seattle	State WA Zip Code
Purpose of Expenditure (by code) RMB	Description 25 Glass votive candles		Event # 03262026A
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$37.21

Last Name of Worker/Consultant Ferrara	First Carolyn	MI	Date of Payment to Vendor, Person or Entity 03/20/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Crown Awards		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1080 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 9 Skyline Dr		City Hawthorne	State NY Zip Code
Purpose of Expenditure (by code) RMB	Description		Event # 03262026A
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$72.05

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Ferrara	First Carolyn	MI	Date of Payment to Vendor, Person or Entity 03/26/2026																				
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Big Y		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1080 ☐ Debit Card ☐ EFT																					
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 79 Stonington Rd		City Mystic	State CT Zip Code 06355																				
Purpose of Expenditure (by code) RMB	Description Floral Items		Event # 03262026A																				
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$82.83																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Last Name of Worker/Consultant Emery</td> <td style="width: 15%;">First Robert</td> <td style="width: 10%;">MI</td> <td style="width: 35%;">Date of Payment to Vendor, Person or Entity 06/19/2026</td> </tr> <tr> <td colspan="2">Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples</td> <td colspan="2">Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1081 ☐ Debit Card ☐ EFT </td> </tr> <tr> <td colspan="2">Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 13 Airport Rd</td> <td>City Westerly</td> <td>State RI Zip Code 02891</td> </tr> <tr> <td>Purpose of Expenditure (by code) RMB</td> <td colspan="2">Description Envelopes, Address Labels, Paper</td> <td>Event #</td> </tr> <tr> <td>Expenditure #</td> <td colspan="2"> Type of Expenditure (Itemization in Addendum T 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 </td> <td>Amount \$40.41</td> </tr> </table>				Last Name of Worker/Consultant Emery	First Robert	MI	Date of Payment to Vendor, Person or Entity 06/19/2026	Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1081 ☐ Debit Card ☐ EFT		Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 13 Airport Rd		City Westerly	State RI Zip Code 02891	Purpose of Expenditure (by code) RMB	Description Envelopes, Address Labels, Paper		Event #	Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$40.41
Last Name of Worker/Consultant Emery	First Robert	MI	Date of Payment to Vendor, Person or Entity 06/19/2026																				
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Staples		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1081 ☐ Debit Card ☐ EFT																					
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 13 Airport Rd		City Westerly	State RI Zip Code 02891																				
Purpose of Expenditure (by code) RMB	Description Envelopes, Address Labels, Paper		Event #																				
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$40.41																				

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Emery	First Robert	MI	Date of Payment to Vendor, Person or Entity 06/20/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Walmart		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1081 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 150 Gold Star Hwy		City Groton	State CT Zip Code 06340
Purpose of Expenditure (by code) RMB	Description Envelopes		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$12.58

Last Name of Worker/Consultant Emery	First Robert	MI	Date of Payment to Vendor, Person or Entity 06/22/2026
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Amazon		Payment to Reimburse Committee Worker/Consultant as reported in Section P ☒ Check # 1081 ☐ Debit Card ☐ EFT	
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant Seattle		City	State WA Zip Code
Purpose of Expenditure (by code) RMB	Description HP Original 63/65 Desk Jet		Event #
Expenditure #	Type of Expenditure (Itemization in Addendum T 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 \$152.06
Total of Section T			\$446.79

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