

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 26

COVER PAGE

1. NAME OF COMMITTEE			
Windsor Republican Town Committee			
2. TREASURER NAME			
First James	MI	Last Durant	Suffix
3. TREASURER ADDRESS			
Street Address 166 Sunnyfield Dr	City Windsor	State CT	Zip Code 06095
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 - Amendment			
9. PERIOD COVERED			
Beginning Date 04/01/2026			
Ending Date 06/30/2026			
thru			
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	James Durant PRINT NAME OF THE SIGNER	09/06/2026 6:57:44PM 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	
Windsor Republican Town Committee	July 10 Filing - Amendment	
	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		\$5,267.00
12. Balance on hand at the beginning of Reporting Period	\$7,862.65	
13. Contributions received from Individuals (Section A and B)	\$985.50	\$2,594.40
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$543.15	\$543.15
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	\$1,200.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$1,528.65	\$4,337.55
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$9,391.30	\$9,604.55
19. Expenses Paid by Committee (Section P)	\$4,748.89	\$4,962.14
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$4,642.41	\$4,642.41
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
Windsor Republican Town Committee	July 10 Filing - Amendment
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor)	\$0.00
Subtotal Section A	

B. Itemized Contributions from Individuals

Last Name Durant		First Name James		MI F
Residential Street Address 166 Sunnyfield Dr		City Windsor	State CT	Zip Code 06095
Principal Occupation Retired		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 04/16/2026	Aggregate Contributions \$128.51	\$128.51

Last Name Durant		First Name James		MI F
Residential Street Address 166 Sunnyfield Dr		City Windsor	State CT	Zip Code 06095
Principal Occupation retired		Name of Employer James F Durant		
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 06/27/2026	Aggregate Contributions \$152.90	\$52.40

Last Name Foote		First Name Chris		MI
Residential Street Address 23 Apple Tree Ln		City Windsor	State CT	Zip Code 06095
Principal Occupation retired		Name of Employer Retire		
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 06/27/2026	Aggregate Contributions \$500.00	\$250.00

I. MONETARY RECEIPTS (Section A-K)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Foote		First Name Chris		MI	
Residential Street Address 23 Apple Tree Ln		City Windsor		State CT	Zip Code
Principal Occupation retired		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 06/27/2026	Aggregate Contributions \$500.00		
				\$250.00	

Last Name Overbaugh		First Name Mary Ann		MI	
Residential Street Address 706 Palisado Ave		City Windsor		State CT	Zip Code 06095
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 06/27/2026	Aggregate Contributions \$100.00		
				\$50.00	

Last Name Pelkey		First Name William		MI D	
Residential Street Address 133 Portman		City Windsor		State CT	Zip Code 06095
Principal Occupation Quality Engineer		Name of Employer Jet Industries			
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 06/27/2026	Aggregate Contributions \$52.40		
				\$52.40	

I. MONETARY RECEIPTS (Section A-K)

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

Windsor Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Zepperi		First Name Joesph		MI R
Residential Street Address 347 Rood Ave		City Windsor	State CT	Zip Code 06095
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 06/27/2026	Aggregate Contributions \$100.00	
				\$50.00

Last Name Alexander		First Name Linda		MI S
Residential Street Address 155 Field Stone Dr		City Windsor	State CT	Zip Code 06095
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 06/27/2026	Aggregate Contributions \$109.69	
				\$109.69

Last Name Virgo-Christie		First Name Victoria		MI
Residential Street Address 86 E Wolcott Ave		City Windsor	State CT	Zip Code 06095
Principal Occupation Republican Registrar of Voters		Name of Employer City of Windsor		
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 06/28/2026	Aggregate Contributions \$75.00	
				\$25.00

I. MONETARY RECEIPTS (Section A-K)

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

Windsor Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Coffin		First Name Janette		MI C
Residential Street Address 35 Hobson Ave		City Windsor	State CT	Zip Code 06095
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 06/28/2026	Aggregate Contributions \$17.50	
				\$17.50
Total of Section B				\$985.50
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$985.50

I. MONETARY RECEIPTS (Section A-K)

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

Windsor Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

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		Amount of Contribution
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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee				July 10 Filing - Amendment
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
Windsor Republican Town Committee				July 10 Filing - Amendment
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
Windsor Republican Town Committee	July 10 Filing - Amendment
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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee	July 10 Filing - Amendment

K. Miscellaneous Monetary Receipts not Considered Contributions

Name	Date of Transaction	Amount Received
Just Yard Signs, Inc	06/02/2026	
Street Address	City	State
2235 Mercator Dr	Orlando	FL
Description	Zip Code	
Overcharge refund	32807	\$543.15
Total of Section K		\$543.15

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Windsor Republican Town Committee		July 10 Filing - Amendment	
L1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)		(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.)	
Was this event hosted at a personal residence?		Yes No	
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.)	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)		(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	
Subpart 3: (Town Committees ONLY)		(If yes, enter Total Receipts here.)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No	
Total of Section L1			

II. EVENT ACTIVITY (Sections L1 - L5)

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

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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee	July 10 Filing - Amendment

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
Windsor Republican Town Committee	July 10 Filing - Amendment

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

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Hitchcock Printing		Date of Payment 04/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) A-DM	Description Mailer			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 \$485.00

Name of Payee Hitchcock Printing		Date of Payment 04/15/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) A-DM	Description Mailers			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 \$30.80

Name of Payee Jeffrey Carter		Date of Payment 04/16/2026	Method of Payment ☒ Check # 123 ☐ Debit Card ☐ EFT	
Street Address 85 Park Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) PETTY	Description Legal Notice Postage			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 \$12.16

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Right Insight		Date of Payment 04/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expenditure (by code) A-OTH	Description SMS-Messanging			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 \$101.97

Name of Payee Hitchcock Printing		Date of Payment 04/16/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) A-DM	Description Post card mailers			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 \$299.32

Name of Payee Jeffrey Carter		Date of Payment 04/16/2026	Method of Payment ☒ Check # 995095 ☐ Debit Card ☐ EFT	
Street Address 85 Park Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) PETTY	Description Legal Notice Postage			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 \$12.16

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Enfield RTC

Date of Payment

04/16/2026

Method of Payment

☒ XCheck # **107**☐

Debit Card

☐

EFT

Street Address

10 Hartford Ave

City

Enfield

State

CT

Zip Code

Purpose of
Expenditure (by code)**FNDR ***

Description

Lincoln Day Dinner

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

\$1,170.00

Name of Payee

Squarespaces

Date of Payment

04/16/2026

Method of Payment

☐

Check #

☒ X

Debit Card

☐

EFT

Street Address

225 Varick St

City

New York

State

NY

Zip Code

10014Purpose of
Expenditure (by code)**WEB**

Description

Web presents

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

\$11.08

Name of Payee

Mary Ann Turner

Date of Payment

04/26/2026

Method of Payment

☒ XCheck # **995094**☐

Debit Card

☐

EFT

Street Address

7 Meadow Rd

City

Enfield

State

CT

Zip Code

06082Purpose of
Expenditure (by code)**PRNT**

Description

Lincoln Day Printing Cost

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

\$89.16

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Right Insight		Date of Payment 04/26/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expenditure (by code) WEB	Description Activation Fees (SMS)			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 \$101.97

Name of Payee Mary Ann Turner		Date of Payment 04/26/2026	Method of Payment ☒ Check # 123 ☐ Debit Card ☐ EFT	
Street Address 7 Meadow Rd		City Enfield	State CT	Zip Code 06082
Purpose of Expenditure (by code) PRNT	Description Lincoln Day Printing Cost			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 \$89.16

Name of Payee Hitchcock Printing		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) A-DM	Description Campaign Mailers			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 \$32.70

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Just Yard Signs		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 2235 Mercator Dr		City Orlando	State FL	Zip Code 32807
Purpose of Expenditure (by code) A-SIGN	Description Yard Signs			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 \$543.15

Name of Payee PowWeb		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 10 Vorporate Dr # 300		City Burlington	State MA	Zip Code 01803
Purpose of Expenditure (by code) WEB	Description Web Domain			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 \$237.15

Name of Payee Hitchcock Printing		Date of Payment 05/04/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 191 John Downey Dr		City New Britain	State CT	Zip Code 06051
Purpose of Expenditure (by code) A-SIGN	Description Mailers			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 \$515.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Hitchcock Printing

Date of Payment

05/04/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

191 John Downey Dr

City

New Britain

State

CT

Zip Code

06051

Purpose of
Expenditure (by code)

A-DM

Description

Mailer POSTAGE

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

\$390.63

Name of Payee

Jim's Pizza

Date of Payment

05/13/2026

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

124 Poqunock Ave

City

Windsor

State

CT

Zip Code

06095

Purpose of
Expenditure (by code)

FOOD

Description

Campaign Party

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

\$162.69

Name of Payee

~~Right Insight~~

Date of Payment

~~05/23/2026~~

Method of Payment

☐ Check #☒ Debit Card☐ EFT

Street Address

~~PO Box 421~~

City

~~Boise~~

State

~~ID~~

Zip Code

~~83701~~Purpose of
Expenditure (by code)~~A-ATM~~

Description

~~SMS Messaging~~

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

~~\$30.90~~

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

MaryAnn Overbaugh

Date of Payment

05/23/2026

Method of Payment

Check # **123**

Debit Card



EFT

Street Address

706 Palisado Ave

City

Windsor

State

CT

Zip Code

06095Purpose of
Expenditure (by code)**RMB**

Description

Legal Notice

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

~~**\$31.48**~~

Name of Payee

Brian Borch

Date of Payment

05/23/2026

Method of Payment

Check # **123**

Debit Card



EFT

Street Address

34 Buckland Way

City

Windsor

State

CT

Zip Code

06095Purpose of
Expenditure (by code)**Gift ***

Description

Dinner + Non-Alc Beverage

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

\$121.89

Name of Payee

MaryAnn Overbaugh

Date of Payment

05/23/2026

Method of Payment

Check # **995093**

Debit Card



EFT

Street Address

706 Palisado Ave

City

Windsor

State

CT

Zip Code

06095Purpose of
Expenditure (by code)**RMB**

Description

Legal Notice

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

\$31.48

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Price Chopper		Date of Payment 06/01/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 675 Poquonock Ave		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) Gift *	Description Card			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 \$5.31

Name of Payee Right Insight		Date of Payment 06/02/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expenditure (by code) A-OTH	Description SMS Texting			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 \$12.81

Name of Payee William D Pelkey		Date of Payment 06/05/2026	Method of Payment ☒ Check # 995097 ☐ Debit Card ☐ EFT	
Street Address 133 Portman		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) RMB	Description Rembursement for Right Insigh Expense			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 \$464.79

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

Windsor Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee Right Insight		Date of Payment 06/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expenditure (by code) A-ATM	Description SMS Messanging			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 \$48.11

Name of Payee Right Insight		Date of Payment 06/05/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address PO Box 421		City Boise	State ID	Zip Code 83701
Purpose of Expenditure (by code) WEB	Description SMS Messanging			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 \$47.99

Name of Payee William D Pelkey		Date of Payment 06/05/2026	Method of Payment ☒ Check # 123 ☐ Debit Card ☐ EFT	
Street Address 133 Portman		City Windsor	State CT	Zip Code 06095
Purpose of Expenditure (by code) RMB	Description Reimbursement for Right Insighn Expenure			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 \$464.79

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Windsor Republican Town Committee	July 10 Filing - Amendment
P. Expenses Paid By Committee	

Name of Payee Anedot		Date of Payment 06/30/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 5555 Hilton Ave Ste 106		City Baton Rouge	State LA	Zip Code 70808
Purpose of Expenditure (by code) BNK	Description Anedot Fees			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 \$37.67

Total of Section P**\$4,748.89****IV. EXPENDITURES (Sections P - T)**

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

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	
Windsor Republican Town Committee				July 10 Filing - Amendment	
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	
Windsor Republican Town Committee				July 10 Filing - Amendment	
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
Windsor Republican Town Committee	July 10 Filing - Amendment

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 Addendum 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