SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE

Monroe Republican Town Committee

2. TREASURER NAME

First	MI	Last	Suffix
Elizabeth-Ann		**Edgerton**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
111 Fan Hill Rd	**Monroe**	**CT**	**06468**

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	**Elizabeth-Ann Edgerton**	**07/10/2026 10:13:30PM**
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	
Monroe 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		**$23,075.93**
12. Balance on hand at the beginning of Reporting Period	**$23,863.73**	
13. Contributions received from Individuals (Section A and B)	**$9,980.00**	**$10,805.00**
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 Puchases (Section L1 Subpart 1 + Subpart 3)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	**$3,290.00**	**$3,290.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$13,270.00**	**$14,095.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$37,133.73**	**$37,170.93**
19. Expenses Paid by Committee (Section P)	**$1,998.40**	**$2,035.60**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$35,135.33**	**$35,135.33**
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)	**$250.00**	**$289.00**
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
Monroe 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** **$675.00**

B. Itemized Contributions from Individuals

Last Name	First Name	MI
DUTCHES	DEBRA	L

Residential Street Address	City	State	Zip Code
15 Hearthstone Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
Registrar of Voters	Town of Monroe

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/02/2026	$125.00	$125.00

Last Name	First Name	MI
Lupo	Nicole	

Residential Street Address	City	State	Zip Code
516 Moose Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
SOCIAL WORKER	EMBLEM HEALTH

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/08/2026	$125.00	$125.00

Last Name	First Name	MI
O'Reilly	Michael	

Residential Street Address	City	State	Zip Code
100 Webb Cir	Monroe	CT	06468

Principal Occupation	Name of Employer
DOCTOR	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/08/2026	$250.00	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Condon	Ryan	

Residential Street Address	City	State	Zip Code
9 Stable Ridge Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
PRACTICE OPTIMIZATION SPECIALIST	NORTHEAST MEDICAL GROUP

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/08/2026	$125.00	$125.00

Last Name	First Name	MI
KELLOGG	KENNETH	

Residential Street Address	City	State	Zip Code
540 Barn Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
CONSULTANT	KELLOGG PROFESSIONAL SERVICES 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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/12/2026	$125.00	$125.00

Last Name	First Name	MI
DUVA	VINCENT	

Residential Street Address	City	State	Zip Code
49 Rowledge Pond Rd	Sandy Hook	CT	06482

Principal Occupation	Name of Employer
ATTORNEY	STATE OF CONNECTICUT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/14/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
FEEHAN	JAMES	

Residential Street Address	City	State	Zip Code
10 Stillman Rd	North Haven	CT	06473

Principal Occupation	Name of Employer
OWNER	NEFEA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/15/2026	$125.00	$125.00

Last Name	First Name	MI
SILHAVEY	CHRISTOPHER	E

Residential Street Address	City	State	Zip Code
111 Hickory Woods Ln	Stratford	CT	06614

Principal Occupation	Name of Employer
Technology Consultant	Acceuture

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/15/2026	$125.00	$125.00

Last Name	First Name	MI
STONE	JONATHAN	

Residential Street Address	City	State	Zip Code
248 Porters Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
REAL ESTATE	STONE ADVANTAGE 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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/17/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
STONE	VIDA	

Residential Street Address	City	State	Zip Code
248 Porters Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
TOWN CLERK	TOWN OF MONROE

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/17/2026	$125.00	$125.00

Last Name	First Name	MI
VILLANI	MARGARET	

Residential Street Address	City	State	Zip Code
30 Nelson Brook Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
retired	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/17/2026	$125.00	$125.00

Last Name	First Name	MI
LEWIS	TRACY	

Residential Street Address	City	State	Zip Code
25 Crescent Pl	Monroe	CT	06468

Principal Occupation	Name of Employer
SURVEYOR	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/17/2026	$200.00	$200.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Testani	Jack	

Residential Street Address	City	State	Zip Code
53 Holly Pl	Monroe	CT	06468

Principal Occupation	Name of Employer
sales	ICON International

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/19/2026	$250.00	$250.00

Last Name	First Name	MI
LAFOLLETTE	ERNEST	

Residential Street Address	City	State	Zip Code
384 Hammertown Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
RETIRED	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/20/2026	$250.00	$250.00

Last Name	First Name	MI
BIAGIONI	CLAIRE	

Residential Street Address	City	State	Zip Code
11 Sunrise Ter	Monroe	CT	06468

Principal Occupation	Name of Employer
RETIRED	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/20/2026	$250.00	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
FINKENSTADT	ED	

Residential Street Address	City	State	Zip Code
10 Pond Brook Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
SVP SALES	A&A ELEVATED FACILITY SOLUTIONS

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/21/2026	$125.00	$125.00

Last Name	First Name	MI
O'ROURKE	SEAN	

Residential Street Address	City	State	Zip Code
10 Falls Brook Cir	Monroe	CT	06468

Principal Occupation	Name of Employer
SHIP BROKER	CLARKSONS SHIPPING SERVICES

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/21/2026	$125.00	$125.00

Last Name	First Name	MI
MAINI	NICK	

Residential Street Address	City	State	Zip Code
57 Soundview St Unit 2	Port Chester	NY	10573

Principal Occupation	Name of Employer
ASSOC. DIRECTOR	S&P GLOBAL

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/23/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
WINFIELD	LEAH	

Residential Street Address	City	State	Zip Code
300 Gove Ave # 166	Norwalk	CT	06850

Principal Occupation	Name of Employer
LAWYER	FRESHFIELDS US LLP

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: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$250.00

Last Name	First Name	MI
GUERE	ROBERT	

Residential Street Address	City	State	Zip Code
32 Robin Ln	Monroe	CT	06468

Principal Occupation	Name of Employer
FINANCIAL ADVISOR	MERRILL LYNCH

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: $125.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$125.00

Last Name	First Name	MI
GOLDSTEIN	MICHAEL	

Residential Street Address	City	State	Zip Code
10 Sandy Ln	Greenwich	CT	06831

Principal Occupation	Name of Employer
DOCTOR	SELF

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: $375.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/23/2026	$375.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
SARRIS	JAYNE	

Residential Street Address	City	State	Zip Code
601 White Plains Rd	Trumbull	CT	06611

Principal Occupation	Name of Employer
PERFORMING ARTIST & EDUCATOR	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$250.00	$125.00

Last Name	First Name	MI
LUKASIEWICZ	JONATHAN	

Residential Street Address	City	State	Zip Code
290 Perkins St	Bristol	CT	06010

Principal Occupation	Name of Employer
SWIM INSTRUCTOR	HEALTHTRAX

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$60.00	$60.00

Last Name	First Name	MI
O'Reilly	Michael	

Residential Street Address	City	State	Zip Code
100 Webb Cir	Monroe	CT	06468

Principal Occupation	Name of Employer
DOCTOR	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$270.00	$20.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
GRANT	MICHAEL	

Residential Street Address	City	State	Zip Code
1585 Melville Ave	Fairfield	CT	06825

Principal Occupation	Name of Employer
INSURANCE	USI

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: $125.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$125.00

Last Name	First Name	MI
Rooney	Terry	

Residential Street Address	City	State	Zip Code
70 Knapp St	Monroe	CT	06468

Principal Occupation	Name of Employer
FIRST SELECTMAN	TOWN OF MONROE

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: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$250.00

Last Name	First Name	MI
Fulchino	Jeffrey	

Residential Street Address	City	State	Zip Code
48 Arrowhead Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
Realtor	William Raveis

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: $325.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$325.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
Maini	JOSEPH	B

Residential Street Address	City	State	Zip Code
204 Fieldstone Ln	Ledyard	CT	06339

Principal Occupation	Name of Employer
ELCTRO-MECHANICAL ENGINNER	

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: $125.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$125.00

Last Name	First Name	MI
PENNINO	ANTHONY	

Residential Street Address	City	State	Zip Code
42 Richards Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
	SELF

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: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$250.00

Last Name	First Name	MI
CORSI	MICHAEL	

Residential Street Address	City	State	Zip Code
17 Botsford Hill Rd	Newtown	CT	06470

Principal Occupation	Name of Employer
	SELF

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: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$250.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
SARRIS	JAYNE	

Residential Street Address	City	State	Zip Code
601 White Plains Rd	Trumbull	CT	06611

Principal Occupation	Name of Employer
PERFORMING ARTIST & EDUCATOR	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$250.00	$125.00

Last Name	First Name	MI
SHEARN	ERIC	

Residential Street Address	City	State	Zip Code
7 Highridge Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
CONTRACTOR	SHORELINE HOME RENOVATIONS

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$375.00	$375.00

Last Name	First Name	MI
Beno	Greg	

Residential Street Address	City	State	Zip Code
47 Crown View Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
CONSULTANT	CONTRACTOR NATION

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
SHOSTAK	JACKSON	

Residential Street Address	City	State	Zip Code
138 Figlar Ave	Fairfield	CT	06824

Principal Occupation	Name of Employer
LEGISLATIVE AIDE	STATE OF CONNECTICUT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$100.00	$100.00

Last Name	First Name	MI
FERRIS	PATTI	H

Residential Street Address	City	State	Zip Code
32 Blueberry Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
CLERK	METROGUARD SECURITY

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

Last Name	First Name	MI
CONDON	VERONICA	

Residential Street Address	City	State	Zip Code
9 Stable Ridge Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
UNEMPLOYED	UNEMPLOYED

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
O'ROURKE	SEAN	

Residential Street Address	City	State	Zip Code
10 Falls Brook Cir	Monroe	CT	06468

Principal Occupation	Name of Employer
SHIP BROKER	CLARKSONS SHIPPING SERVICES

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$250.00	$125.00

Last Name	First Name	MI
DELMONICO	MARC	

Residential Street Address	City	State	Zip Code
195 Battery Park Dr	Bridgeport	CT	06605

Principal Occupation	Name of Employer
CONTROLLER	NEW HAVEN LAWN CLUB

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

Last Name	First Name	MI
PERITORE	CHRIS	

Residential Street Address	City	State	Zip Code
38 Birch Dr	Easton	CT	06612

Principal Occupation	Name of Employer
STAFFER	ERIN FOR CT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
perillo	jason	

Residential Street Address	City	State	Zip Code
454 Coram Ave	Shelton	CT	06484

Principal Occupation	Name of Employer
legislator	state of CT

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: $125.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$125.00

Last Name	First Name	MI
VINCENT	JASON	

Residential Street Address	City	State	Zip Code
21 Edgewood Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
ATTORNEY	KREINDLER & KREINDLER

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: $250.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$250.00

Last Name	First Name	MI
Maini	Bruno	

Residential Street Address	City	State	Zip Code
12 Woodlawn Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
Consultant	SELF EMPLOYED

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: $625.00

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions
04/24/2026	$625.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
CASTILLO	ANDREA	

Residential Street Address	City	State	Zip Code
14 Primrose Ln	Hilton Head	SC	29926

Principal Occupation	Name of Employer
TEACHER	BENTART COUNTY SCHOOL DISTRICT

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

Last Name	First Name	MI
YANOSY	VICTOR	W

Residential Street Address	City	State	Zip Code
107 Cutlers Farm Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
RETIRED	REITRED

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$175.00	$125.00

Last Name	First Name	MI
CAPOCCITTI	VIVIAN	

Residential Street Address	City	State	Zip Code
157 Highland Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
RETIRED	REITRED

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
TRANZILLO	ROBERT	

Residential Street Address	City	State	Zip Code
33 Pamela Dr	Monroe	CT	06468

Principal Occupation	Name of Employer
RETIRED	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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

Last Name	First Name	MI
ONDY	CHAD	

Residential Street Address	City	State	Zip Code
8 Abbey Ln	Newtown	CT	06570

Principal Occupation	Name of Employer
LANDSCAPING SERVICES	SELF

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$250.00	$250.00

Last Name	First Name	MI
MAINI	BEN	

Residential Street Address	City	State	Zip Code
23 Braeloch Way	Monroe	CT	06468

Principal Occupation	Name of Employer
ACCOUNTING	REYNOLDS & ROWELLA

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$325.00	$325.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
GIBBS	DAVID	W

Residential Street Address	City	State	Zip Code
87 Indian River Rd	Milford	CT	06460

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$250.00	$250.00

Last Name	First Name	MI
VIGLIONE	JOSEPH	A

Residential Street Address	City	State	Zip Code
15 Barton Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
CONSTRUCTION	VIGLIONE HOME IMPROVEMENT 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? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$125.00	$125.00

Last Name	First Name	MI
CALLO	EDDWARD	

Residential Street Address	City	State	Zip Code
16 Maple Ln	Shelton	CT	06484

Principal Occupation	Name of Employer
PROJECT MANAGER	RECON

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution: ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Date Received	Aggregate Contributions	Amount of Contribution
04/24/2026	$100.00	$100.00

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

Last Name	First Name	MI
FERRIS JR	DAVID	H

Residential Street Address	City	State	Zip Code
32 Blueberry Hill Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
MANAGER	METROGUARD SECURITY

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☐ Yes ☒ No
If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/24/2026	$50.00	$50.00

Last Name	First Name	MI
OXFELD	GREGG	

Residential Street Address	City	State	Zip Code
25 Meadow Ridge Dr	Trumbull	CT	06611

Principal Occupation	Name of Employer

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/25/2026	$125.00	$125.00

Last Name	First Name	MI
Condon	Dennis	

Residential Street Address	City	State	Zip Code
9 Stable Ridge Rd	Monroe	CT	06468

Principal Occupation	Name of Employer
SALESMAN	GILBERTIES

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than $5000? ☐ Yes ☐ No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? ☒ Yes ☐ No
If yes, list Event # 04242026A

Is contributor a principal of state contractor or prospective state contractor? ☐ Yes ☒ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Method of Contribution	Date Received	Aggregate Contributions	Amount of Contribution
☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order	04/30/2026	$125.00	$125.00

Total of Section B	**$9,305.00**
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 13 of Summary Page)*	**$9,980.00**

I. MONETARY RECEIPTS (Section A-K)

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

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section L1? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	

I. MONETARY RECEIPTS (Section A-K)

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

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

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
Monroe 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
Monroe 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
Monroe 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
Monroe 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
Monroe 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

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 puchases made by host(s) for food, beverage and invitations.)
Did this fundraiser include goods or services donated by a business entity of up to $200 or items donated by an individual of up to $100?	Yes No	*(If yes*, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)
Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100?	Yes No	*(If yes*, enter Total Receipts here.)
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.)
	Total of Section L1	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
ROBERT WESTLUND	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
35 Hill St	Bridgeport	CT	06606

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	04242026A	$30.00	$30.00	

Name of Purchaser	Purchase Made By:
NICOLE LUPO	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
11 Hawley Ln	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	04242026A	$30.00	$30.00	

Name of Purchaser	Purchase Made By:
MICHAEL O'REILLY	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
100 Webb Cir	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	04242026A	$30.00	$30.00	

Name of Purchaser	Purchase Made By:
RYAN CONDON	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
9 Stable Ridge Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/08/2026	04242026A	$30.00	$30.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:	Street Address	City	State	Zip Code	Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
LEWIS ASSOCIATES	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship	260 Main St	Monroe	CT	06468	04/08/2026	04242026A	$125.00	$125.00	
DENNIS CONDON	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship	9 Stable Ridge Rd	Monroe	CT	06468	04/14/2026	04242026A	$50.00	$50.00	
FUREVER ZEN	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship	540 Main St Unit 9	Monroe	CT	06468	04/15/2026	04242026A	$50.00	$50.00	
BROWN MONUMENT WORKS	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship	412 Main St	Monroe	CT	06468	04/15/2026	04242026A	$50.00	$50.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
VINCENT DUVA	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
49 Rowledge Pond Rd	Sandy Hook	CT	06482

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/15/2026	04242026A	$21.00	$21.00	

Name of Purchaser	Purchase Made By:
DONA LYN WALES	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
205 Old Newtown Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/15/2026	04242026A	$21.00	$21.00	

Name of Purchaser	Purchase Made By:
MONROE SOCIAL	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
494 Main St	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/15/2026	04242026A	$50.00	$50.00	

Name of Purchaser	Purchase Made By:
JONATHAN FORMICHELLA	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
16 Juniper Cir	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$21.00	$21.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
KEVIN REID	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
298 Spring Hill Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$21.00	$21.00	

Name of Purchaser	Purchase Made By:
ELITE FIREARMS LLC	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
487 Monroe Tpke	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$50.00	$50.00	

Name of Purchaser	Purchase Made By:
MATT & LOUIE'S BARBER SHOP LLC	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
258 Main St	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$50.00	$50.00	

Name of Purchaser	Purchase Made By:
ENDANGERED STUDIO LLC	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
494 Main St Ste 6	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$50.00	$50.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
WILLIAM BENEDICT INC DBA BENEDICT'S HOME & GARDEN	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
480 Purdy Hill Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/16/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
O'DONNELL LANDSCAPING, LLC	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
91 Walnut St	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/17/2026	04242026A	$50.00	$50.00	

Name of Purchaser	Purchase Made By:
SUNNY GILL	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
45 Great Oak Farm Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/17/2026	04242026A	$25.00	$25.00	

Name of Purchaser	Purchase Made By:
VIDA STONE	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
248 Porters Hill Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/17/2026	04242026A	$25.00	$25.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
GREG BENO	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
47 Crown View Dr	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/17/2026	04242026A	$25.00	$25.00	

Name of Purchaser	Purchase Made By:
JACK TESTANI	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
52 Holly Pl	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/17/2026	04242026A	$25.00	$25.00	

Name of Purchaser	Purchase Made By:
REBECCA O'DONNELL	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
91 Walnut St	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/18/2026	04242026A	$32.00	$32.00	

Name of Purchaser	Purchase Made By:
CHRISTINE CASCELLA	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
88 Woodlawn Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/18/2026	04242026A	$25.00	$25.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
GACH JEWELERS	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
470 Monroe Tpke	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/18/2026	04242026A	$50.00	$50.00	

Name of Purchaser	Purchase Made By:
DEIRDRE STELMAK	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
95 Hillcrest Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/18/2026	04242026A	$32.00	$32.00	

Name of Purchaser	Purchase Made By:
SHORELINE HOME RENOVATIONS	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
9 Highridge Dr	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/19/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
SOLLI ENGINEERING	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
501 Main St Ste 2A	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/20/2026	04242026A	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
NICHOLAS SENTEMENTES	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
38 Highfield Dr	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/20/2026	04242026A	$32.00	$32.00	

Name of Purchaser	Purchase Made By:
DEBORAH HEIM	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
111 Turkey Roost Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/21/2026	04242026A	$25.00	$25.00	

Name of Purchaser	Purchase Made By:
J MONDO SEPTIC & DRAINAGE	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
1603 Monroe Tpke	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/21/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
SMART CARE EXTERIORS	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
70 Knapp St	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/21/2026	04242026A	$250.00	$250.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
SEAN O'ROURKE	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
10 Fallsbrook Cir	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/21/2026	04242026A	$20.00	$20.00	

Name of Purchaser	Purchase Made By:
PREMIER CABINET CREATIONS	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
201 Lenore Dr	Shelton	CT	06484

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/21/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
CHAD'S LAWNCARE	[X] Business Entity [ ] Other [ ] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
8 Abbey Ln	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/24/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
RYAN CONDON	[ ] Business Entity [ ] Other [X] Individual/Sole Proprietorship

Street Address	City	State	Zip Code
9 Stable Ridge Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/24/2026	04242026A	$20.00	$20.00	

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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:
FRANK DUTCHES	☐ Business Entity ☐ Other ☒ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
HEARTHSTONE RD	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/24/2026	04242026A	$25.00	$25.00	

Name of Purchaser	Purchase Made By:
VIGLIONE HOME IMPROVEMENT	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
15 Barton Rd	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/24/2026	04242026A	$250.00	$250.00	

Name of Purchaser	Purchase Made By:
BROTHERS LIQUOR DBA LAKESIDE WINE & LIQUOR	☒ Business Entity ☐ Other ☐ Individual/Sole Proprietorship

Street Address	City	State	Zip Code
235 Roosevelt Dr	Monroe	CT	06468

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
04/25/2026	04242026A	$200.00	$200.00	

Total of Section L3	**$3,290.00**

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Monroe 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 #	Aggregate value for this 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
Monroe 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
Monroe Republican Town Committee	July 10 Filing - Original

M. In-Kind Contributions

Name: SUZANNE Testani

Street Address	City	State	Zip Code
53 Holly Pl	Monroe	CT	06468

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received	Aggregate contributions	Description of In-Kind Contribution
04/21/2026	$350.00	DONATION OF GIVEAWAYS FOR FUNDRAISER

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 04242026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Name: Dona-Lyn P Wales

Street Address	City	State	Zip Code
205 Old Newtown Rd	Monroe	CT	06468

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received	Aggregate contributions	Description of In-Kind Contribution
04/21/2026	$400.00	DONATION OF GIVEAWAYS FOR FUNDRAISER

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $100.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 04242026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name: Nicole Lupo

Street Address	City	State	Zip Code
516 Moose Hill Rd	Monroe	CT	06468

Type of Contributor: [ ] Committee [x] Individual / Sole Proprietorship [ ] Other

Date Received	Aggregate contributions	Description of In-Kind Contribution
04/21/2026	$175.00	DONATION OF GIVEAWAYS FOR FUNDRAISER

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

If contribution is in excess of $400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than $5000? [ ] Yes [ ] No

Fair Market Value of this Contribution: $50.00

Is this contribution associated with an event reported in Section L1? [x] Yes [ ] No

If yes, list Event# 04242026A

Is contributor a principal of state contractor or prospective state contractor? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Total of Section M	$250.00

III. Non Monetary Receipts (Sections M - O)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
DONA LYN WALES	04/07/2026	[X] Check # 1107 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
205 Old Newtown Rd	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
FNDR *	decorations and award for 2026 lincoln reagan dinner	04242026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$686.14

Name of Payee	Date of Payment	Method of Payment
Sal's Pizza	04/07/2026	[X] Check # 1110 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
630 Main St , set D	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
FOOD	QUARTERLY RTC DINNER MEETING	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$257.02

Name of Payee	Date of Payment	Method of Payment
KEN KELLOGG	04/21/2026	[X] Check # 1111 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
520 Barn Hill Rd	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
Gift *	GIFT FOR RYAN CONDON	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$100.00

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
TESTOS	04/21/2026	[X] Check # 1112 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
505 Main St	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
FNDR *	RESTAURANT COSTS FOR 2026 LINCOLN REAGAN DINNER	04242026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$45.00

Name of Payee	Date of Payment	Method of Payment
Union Savings Bank	04/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 47	Danbury	CT	06813

Purpose of Expenditure (by code)	Description	Event #
BNK	monthly checking account fee	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3.00

Name of Payee	Date of Payment	Method of Payment
ANEDOT INC.	05/01/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expenditure (by code)	Description	Event #
BNK	processing fees for credit card payments	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$315.08

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
ANEDOT INC.	05/01/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1340 Poydras St Ste 1770	New Orleans	LA	70112

Purpose of Expenditure (by code)	Description	Event #
BNK	processing fees for credit card transactions	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$20.88

Name of Payee	Date of Payment	Method of Payment
Southbury Printing Centre	05/20/2026	[X] Check # 1113 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
385 Main St S Ste 107	Southbury	CT	06488

Purpose of Expenditure (by code)	Description	Event #
PRNT	PRINTING PROGRAM FOR 2026 LINCOLN REAGAN DINNER	04242026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$118.42

Name of Payee	Date of Payment	Method of Payment
DONA LYN WALES	05/20/2026	[X] Check # 1114 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
205 Old Newtown Rd	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
FNDR *	DECOR EXPENSES FOR LINCOLN REAGAN DINNER	04242026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$6.98

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
GILBERTIES HERB GARDEN	05/20/2026	[X] Check # 1115 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Sylvan Ln	Westport	CT	06880

Purpose of Expenditure (by code)	Description	Event #
FNDR *	CENTERPIECES FOR LINCOLN REAGAN DINNER	04242026A

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$108.00

Name of Payee	Date of Payment	Method of Payment
Union Savings Bank	05/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 47	Danbury	CT	06813

Purpose of Expenditure (by code)	Description	Event #
BNK	monthly checking account fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3.00

Name of Payee	Date of Payment	Method of Payment
DONA LYN WALES	06/16/2026	[X] Check # 1116 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
205 Old Newtown Rd	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
Misc *	AMERICA250 FLAG GIVEAWAYS	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$81.88

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
OSTERIA ROMANO	06/16/2026	[X] Check # 1117 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
89 Main St	Monroe	CT	06468

Purpose of Expenditure (by code)	Description	Event #
FOOD	FOOD FOR QUARTERLY RTC DINNER MEETING	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$250.00

Name of Payee	Date of Payment	Method of Payment
Union Savings Bank	06/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
PO Box 47	Danbury	CT	06813

Purpose of Expenditure (by code)	Description	Event #
BNK	monthly checking account fee	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$3.00

Total of Section P	**$1,998.40**

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
Monroe Republican Town Committee	July 10 Filing - Original

R. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
Name of Vendor, Person or Entity	Date of Transaction
Street Address / City / State / Zip Code	

Purpose of Expenditure (by code)	Description	Event #

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

Total of Section R	

IV. EXPENDITURES

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

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

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

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

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

Section L5. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

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

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

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section S. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

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

Expenditure #	Supported Opposed	Amount of Expenditure

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

Section T. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

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