

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 36

COVER PAGE

1. NAME OF COMMITTEE			
East Haddam Republican Town Committee			
2. TREASURER NAME			
First Sean	MI M	Last Morrissey	Suffix
3. TREASURER ADDRESS			
Street Address 42 Petticoat Ln	City East Haddam	State CT	Zip Code 06423
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
First	MI	Last	Suffix
8. TYPE OF REPORT			
July 10 Filing - Amendment			
9. PERIOD COVERED			
Beginning Date Ending Date 04/01/2026 thru 06/30/2026			
10. CERTIFICATION			
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.			
Electronic Filing SIGNATURE	Sean Morrissey PRINT NAME OF THE SIGNER	07/16/2026 11:34:56AM 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	
East Haddam Republican Town Committee	July 10 Filing - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$7,595.13
12. Balance on hand at the beginning of Reporting Period	\$7,595.13	
13. Contributions received from Individuals (Section A and B)	\$5,970.00	\$5,970.00
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 Purchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$5,970.00	\$5,970.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$13,565.13	\$13,565.13
19. Expenses Paid by Committee (Section P)	\$4,177.93	\$4,177.93
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$9,387.20	\$9,387.20
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
25. Loan Balance	\$0.00	
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00	

I. MONETARY RECEIPTS (Section A-K)

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

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A

\$0.00**B. Itemized Contributions from Individuals**

Last Name CHAMBERLAND		First Name ERIC		MI
Residential Street Address 15 Bashan Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation DRIVER		Name of Employer NAPA AUTO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Barney		First Name William		MI J
Residential Street Address 8 Ladgebrook Rd		City Moodus	State CT	Zip Code 06469
Principal Occupation retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/02/2026	Aggregate Contributions \$50.00	\$50.00

Last Name Sikorski		First Name Gary		MI
Residential Street Address East Haddam		City East Haddam	State CT	Zip Code
Principal Occupation Corrections Officer		Name of Employer 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	
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 05/21/2026	Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name GREGORIO		First Name MICHELE		MI
Residential Street Address 4 Grove St		City Moodus	State CT	Zip Code 06469
Principal Occupation RE AGENT		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/10/2026	Aggregate Contributions \$110.00	
				\$110.00

Last Name BOBEY		First Name MICHAEL		MI
Residential Street Address 183 Metcalf Rd		City Tolland	State CT	Zip Code 06084
Principal Occupation NA		Name of Employer na		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/18/2026	Aggregate Contributions \$120.00	
				\$55.00

Last Name BOBEY		First Name MICHAEL		MI
Residential Street Address 183 Metcalf Rd		City Tolland	State CT	Zip Code 06084
Principal Occupation NA		Name of Employer na		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/18/2026	Aggregate Contributions \$120.00	
				\$65.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name GUNN		First Name MEREDETH		MI
Residential Street Address 71 Catlin St		City Meriden	State CT	Zip Code 06450
Principal Occupation NA		Name of Employer GRAND CENTRAL CAFE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$130.00	
				\$130.00

Last Name LUMAJ		First Name PETER		MI
Residential Street Address 745 Mill Pln RDQ		City Fairfield	State CT	Zip Code 06824
Principal Occupation ATTORNEY		Name of Employer LUMAJ LAW OFFICE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name LUMAJ		First Name MARY		MI
Residential Street Address 745 Mill Plain Rd		City Fairfield	State CT	Zip Code 06824
Principal Occupation ASSISTANT		Name of Employer LUMAJ LAW FIRM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Coshow		First Name Alana		MI
Residential Street Address 26 Shipyard Rd		City Middle Haddam	State CT	Zip Code 06456
Principal Occupation Retired		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$220.00	
				\$220.00

Last Name Brzozowski		First Name Roberrt		MI
Residential Street Address 126 Boardman Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$220.00	
				\$220.00

Last Name Blancato		First Name Cora		MI
Residential Street Address 91 Moodus Leesville Rd		City Moodus	State CT	Zip Code 06423
Principal Occupation Licensed Massage Therapist		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$220.00	
				\$220.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Bennett		First Name Robert		MI
Residential Street Address 42 Beebe Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$130.00	
				\$130.00

Last Name Barrows		First Name Douglas		MI R
Residential Street Address 248 Mount Parnassus Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Project Manager		Name of Employer Eversource Energy		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name Ziobron		First Name Melissa		MI
Residential Street Address 181 Petticoat		City East Haddam	State CT	Zip Code 06423
Principal Occupation SENIOR ADVISOR		Name of Employer 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
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$195.00	
				\$195.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name ZIOBRON		First Name SCOTT		MI
Residential Street Address 181 Petticoat Ln		City East Haddam	State CT	Zip Code 06423
Principal Occupation NA		Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$65.00	
				\$65.00

Last Name Seaman		First Name Peter		MI
Residential Street Address 130 Smith Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name Seaman		First Name Nancy		MI
Residential Street Address 130 Smith Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name CHAMBERLAND		First Name ERIC		MI
Residential Street Address 15 Bashan Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation DRIVER		Name of Employer NAPA AUTO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$325.00	
				\$275.00

Last Name NUGIFORA		First Name SALVATOR		MI
Residential Street Address 147 Colchester Ave		City East Hampton	State CT	Zip Code 06424
Principal Occupation ENGINEER		Name of Employer ELECTRIC BOAT		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name Anderson		First Name Forrest		MI
Residential Street Address 95 Boardman Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
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Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$275.00	
				\$275.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Gelston		First Name Todd		MI
Residential Street Address 50 Bogel Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Aerospace Engineer		Name of Employer Belcan Engineering 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? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$220.00	
				\$220.00

Last Name Dill		First Name Randolph		MI
Residential Street Address 155 Beebe Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$110.00	
				\$110.00

Last Name Thompson		First Name Keira		MI
Residential Street Address 181 Tater Hill Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Jeweler		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$165.00	
				\$165.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Dill		First Name Denise		MI
Residential Street Address 166 Beebe Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Tax Collector		Name of Employer Town of East Haddam		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name Dill		First Name Erik		MI
Residential Street Address 166 Beebe Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Manager		Name of Employer Consumers Union		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name MCNALLEY		First Name RUSSELL		MI
Residential Street Address 36 Elm St		City Deep River	State CT	Zip Code 06417
Principal Occupation PAINTER		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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name COREY		First Name MATT		MI
Residential Street Address 181 Cerater St		City Manchester	State CT	Zip Code 06040
Principal Occupation NA		Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$185.00	
				\$185.00

Last Name Sikorski		First Name Gary		MI
Residential Street Address 126 Smith Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Corrections Officer		Name of Employer 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? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$240.00	
				\$240.00

Last Name FERNSTROM		First Name DAVE		MI
Residential Street Address 122 Brooklyn Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation DRIVER		Name of Employer JP NOONAN		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$90.00	
				\$90.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name FERNSTROM		First Name ELISE		MI
Residential Street Address 122 Brooklyn Rd		City Pomfret Center	State CT	Zip Code 06259
Principal Occupation HEAD NURSE		Name of Employer SOUTHEASTERN MENTAL 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? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$70.00	
\$70.00				

Last Name BERGMANN		First Name WILLIAM		MI
Residential Street Address 96 Boardman Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation PROGRAMMER		Name of Employer XYLEM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
\$55.00				

Last Name Thompson		First Name Keira		MI
Residential Street Address 93 E Haddam Colchester Tpke		City Moodus	State CT	Zip Code 06469
Principal Occupation Jeweler		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No		Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No		
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$20.00	
\$20.00				

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Alfes		First Name Thea		MI
Residential Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Principal Occupation Retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$135.00	
				\$25.00

Last Name DUKSA		First Name OLIVIA		MI
Residential Street Address 29 Starr Rd		City Colchester	State CT	Zip Code
Principal Occupation HORSE TRAINER		Name of Employer IRON HORSE 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? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$25.00	
				\$25.00

Last Name Bennett		First Name Lauren		MI
Residential Street Address 42 Beebe Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Retired		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$100.00	
				\$100.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name ST. GERMAIN		First Name MICHAEL		MI
Residential Street Address 65 Crestdale Rd		City Glastonbury	State CT	Zip Code 06033
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name TALBOT		First Name DEBRA		MI
Residential Street Address 15 Barberry		City Moodus	State CT	Zip Code 06469
Principal Occupation MAINTENANCE		Name of Employer TOWN OF HADDAM		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name WEBSTER		First Name AMBER		MI
Residential Street Address 186 New London		City Colchester	State CT	Zip Code
Principal Occupation FEILD DIRECTOR		Name of Employer FAZIO 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? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Goff		First Name Maureen		MI
Residential Street Address 180 Daniel Peck Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation Accountant		Name of Employer 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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$275.00	
				\$275.00

Last Name CROWL		First Name WILLIAM		MI
Residential Street Address 70 Spice Apple Ln		City Meriden	State CT	Zip Code 06450
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name DREWS		First Name KEITH		MI
Residential Street Address 209 East		City Cheshire	State CT	Zip Code 06410
Principal Occupation NA		Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$165.00	
				\$165.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name HOLT		First Name ANDREW		MI
Residential Street Address 8 Wildwood		City Cromwell	State CT	Zip Code 06416
Principal Occupation DRIVER		Name of Employer SUPARIO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$65.00	
				\$65.00

Last Name holt		First Name sharon		MI
Residential Street Address 8 Wildwood Rd		City Cromwell	State CT	Zip Code 06416
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$65.00	
				\$65.00

Last Name CHARETTE		First Name LEILA		MI
Residential Street Address 462 Cedar Ln		City Cheshire	State CT	Zip Code 06410
Principal Occupation OFFICE MANAGER		Name of Employer HOME CARE		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$110.00	
				\$110.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name CIUCIAS		First Name JULIE		MI
Residential Street Address 67 Viola Dr		City East Hampton	State CT	Zip Code 06424
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name Russell		First Name kathryn		MI
Residential Street Address 36 Elm St		City Deep River	State CT	Zip Code 06417
Principal Occupation		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name SEPOWSKI		First Name HOLLY		MI
Residential Street Address 5 Dogwood Ln		City Clinton	State CT	Zip Code 06713
Principal Occupation NA		Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name CARSON		First Name BOB		MI
Residential Street Address 5 Dogwood Ln		City Clinton	State CT	Zip Code 06413
Principal Occupation NA		Name of Employer LEE CO		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name OLMSTED		First Name DAVID		MI
Residential Street Address 808 E Pond Meadow Rd		City Westbrook	State CT	Zip Code 06498
Principal Occupation TELECOMUNICATOR		Name of Employer VALLEY SHORE COMMUNICATIONS		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

Last Name OLMSTED		First Name KRISTI		MI
Residential Street Address 808 E Pond Mdw RDQ		City Westbrook	State CT	Zip Code 06498
Principal Occupation OFFICE MANAGER		Name of Employer AS SHEA CONSTRUCTION		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name SCHREMMER		First Name THERESA		MI
Residential Street Address 47 Lankey Rd		City Oxford	State CT	Zip Code 06478
Principal Occupation RETIRED		Name of Employer RETIRED		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$110.00	
				\$110.00

Last Name Turenne		First Name Gary		MI
Residential Street Address 60 Trowbridge		City Moodus	State CT	Zip Code 06469
Principal Occupation retired		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
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$250.00	
				\$250.00

Last Name gunn		First Name jennifer		MI
Residential Street Address 60 Trow Bridge Rd		City Moodus	State CT	Zip Code
Principal Occupation NA		Name of Employer NA		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$55.00	
				\$55.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name BERNSON		First Name HOLLIE		MI
Residential Street Address 296 W Elm		City Deep River	State CT	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☒ Cash ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		06/20/2026	\$75.00	\$75.00

Last Name Alfes		First Name Thea		MI
Residential Street Address 302 South Rd		City Harwinton	State CT	Zip Code 06791
Principal Occupation Retired		Name of Employer retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		06/20/2026	\$135.00	\$110.00

Last Name Whatley		First Name Helena		MI
Residential Street Address 92 Hopyard Rd		City East Haddam	State CT	Zip Code 06423
Principal Occupation RETIRED		Name of Employer Retired		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:		
☐ Executive ☐ Legislative				
Method of Contribution		Date Received	Aggregate Contributions	
☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		06/20/2026	\$110.00	\$110.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

B. Itemized Contributions from Individuals

Last Name Ruppenicker		First Name Harry		MI
Residential Street Address 17 Hammock Rd S .		City Westbrook	State CT	Zip Code 06498
Principal Occupation Office Manager		Name of Employer Harry's Marine		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☒ No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000? ☐ Yes ☐ No			Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # ☐ Yes ☒ No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ Yes ☒ No			
Method of Contribution ☐ Cash ☒ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order		Date Received 06/20/2026	Aggregate Contributions \$120.00	
				\$120.00
Total of Section B				\$5,970.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page)				\$5,970.00

I. MONETARY RECEIPTS (Section A-K)

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

East Haddam Republican Town Committee

TYPE OF REPORT

July 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee			Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? Yes No 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
East Haddam Republican Town Committee	July 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

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

I. MONETARY RECEIPTS (Section A-K)

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	TYPE OF REPORT
East Haddam Republican Town Committee	July 10 Filing - Amendment

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	
Total of Section E			

I. MONETARY RECEIPTS (Section A-K)

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

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
East Haddam Republican Town Committee	July 10 Filing - Amendment

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	
East Haddam Republican Town Committee			July 10 Filing - Amendment	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)				
Date of Receipt	Method of Payment			Amount
	Cash	Personal Check	Credit/Debit Card	
Total of Section H				

I. Monetary Receipts (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
East Haddam Republican Town Committee				July 10 Filing - Amendment	
J. Interest from Deposits in Authorized Accounts					
Name of Institution			Date Received		Amount
Street Address	City	State	Zip Code		
Total of Section J					

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE			TYPE OF REPORT		
East Haddam Republican Town Committee			July 10 Filing - Amendment		
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	
East Haddam Republican Town Committee		July 10 Filing - Amendment	
L1. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code
Subpart 1: (All Committees)		(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)	
Was this event hosted at a personal residence?		Yes No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No (If yes, enter Total Receipts here.)	
Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)		(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)	
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	
Subpart 3: (Town Committees ONLY)		(If yes, enter Total Receipts here.)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No	
Total of Section L1			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
East Haddam Republican Town Committee		July 10 Filing - Amendment	
L3. Purchases of Advertising in a Program Book or on a Sign			
Name of Purchaser		Purchase Made By: Business Entity Other Individual/Sole Proprietorship	
Street Address		City	State Zip Code
Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase Amount of Sign Purchase
Total of Section L3			

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

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

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

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

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

Name of the Host		Is this event supporting more than one candidate or committee?	
		Yes No	If yes, complete Itemization in Addendum L5
Street Address		City State Zip Code	
Description of Donation			Fair Market Value of Donation
Event #	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate	

Total of Section L5

III. NONMONETARY RECEIPTS (Sections M - O)

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

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions
Individual / Sole Proprietorship	Other		Description of In-Kind Contribution
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5000?	Yes No
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
		Fair Market Value of this Contribution	

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

NAME OF COMMITTEE	TYPE OF REPORT
East Haddam Republican Town Committee	July 10 Filing - Amendment

N. Refundable Deposit to Telephone Company

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

Total of Section N

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

East Haddam Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Moodus Sportsmen's Club

Date of Payment

04/14/2026

Method of Payment

☒ XCheck # **160**☐

Debit Card

☐

EFT

Street Address

299 E Haddam Colchester Tpke

City

Moodus

State

CT

Zip Code

06469Purpose of
Expenditure (by code)**FNDR ***

Description

SPORTSMAN CLUB VENUE FOR LOBSTER DINNER

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$200.00

Name of Payee

Moodus Sportsmen's Club

Date of Payment

04/14/2026

Method of Payment

☒ XCheck # **161**☐

Debit Card

☐

EFT

Street Address

299 E Haddam Colchester Tpke

City

Moodus

State

CT

Zip Code

06469Purpose of
Expenditure (by code)**FNDR ***

Description

SPORTSMAN CLUB VENUE FOR LOBSTER DINNER

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$350.00

Name of Payee

The Hartford

Date of Payment

04/14/2026

Method of Payment

☐

Check #

☒ X

Debit Card

☐

EFT

Street Address

1010 W Mockingbird Ln

City

Dallas

State

TX

Zip Code

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

Description

RTC INSURANCE

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$425.00

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

East Haddam Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

East Haddam News

Date of Payment

04/30/2026

Method of Payment

☒ XCheck # **162**☐

Debit Card

☐

EFT

Street Address

PO Box 202

City

East Haddam

State

CT

Zip Code

06423Purpose of
Expenditure (by code)**A-NEWS**

Description

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$24.00

Name of Payee

FAITH KALISZ

Date of Payment

05/02/2026

Method of Payment

☒ XCheck # **163**☐

Debit Card

☐

EFT

Street Address

42 Petticoat Ln

City

East Haddam

State

CT

Zip Code

06423Purpose of
Expenditure (by code)**Misc ***

Description

SCHOLARSHIP AWARD FOR HIGHSCHOOL-RTC

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$500.00

Name of Payee

Restaurant Depot

Date of Payment

06/19/2026

Method of Payment

☐

Check #

☒ X

Debit Card

☐

EFT

Street Address

265 Reverend Moody Overpass

City

Hartford

State

CT

Zip Code

06120Purpose of
Expenditure (by code)**FNDR ***

Description

lobster dinner

Event #

Expenditure #
(if applicable)

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

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$458.54

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

East Haddam Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

HOME DEPOT

Date of Payment

06/19/2026

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

909 Washington St

City

Middletown

State

CT

Zip Code

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

Description

LOBSTER DINNER SUPPLIES

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$85.02

Name of Payee

Aces High

Date of Payment

06/20/2026

Method of Payment

☒

Check #

163☐

Debit Card

☐

EFT

Street Address

296 Great Island Rd

City

Narragansett

State

RI

Zip Code

02882Purpose of
Expenditure (by code)**FOOD**

Description

lobster dinner fundraiser

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$1,000.00

Name of Payee

AMG retail LLC

Date of Payment

06/20/2026

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

504 Westchester

City

Colchester

State

CT

Zip Code

06415Purpose of
Expenditure (by code)**Misc ***

Description

items for lobster dinner

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$61.66

IV. EXPENDITURES (Sections P - T)

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

TYPE OF REPORT

East Haddam Republican Town Committee

July 10 Filing - Amendment

P. Expenses Paid By Committee

Name of Payee

Stew Leonards

Date of Payment

06/20/2026

Method of Payment

☐

Check #

☒

Debit Card

☐

EFT

Street Address

3475 Berlin Tpke

City

Newington

State

CT

Zip Code

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

Description

lobster dinner

Event #

Expenditure #
(if applicable)

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

☒

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐

A

☐

B

☐

C

☐

D

Amount

\$1,073.71**Total of Section P****\$4,177.93****IV. EXPENDITURES (Sections P - T)**

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

TYPE OF REPORT

July 10 Filing - Amendment

Q. Campaign Expenses Paid By Candidate

Name of Payee (Name of vendor, Person or Entity who candidate paid directly)

Date of Payment

Is Reimbursement Claimed?

Yes

No

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Amount**Total of Section Q**

IV. EXPENDITURES

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

IV. EXPENDITURES

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

IV. EXPENDITURES (Sections P - T)

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

T. Itemization of Reimbursements and Secondary Payees

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

Total of Section T**Section L5. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

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

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT	
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