

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

COVER PAGE

| | | | |
|--|---|-----------------------------|--|
| 1. NAME OF COMMITTEE | | | |
| Bethel Republican Town Committee | | | |
| 2. TREASURER NAME | | | |
| First Patricia | MI | Last Sell | Suffix |
| 3. TREASURER ADDRESS | | | |
| Street Address 46 Benedict Rd | City Bethel | State CT | Zip Code 06801 |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i> | | 6. DISTRICT NUMBER <i>(if applicable)</i> |
| | | | |
| 7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i> | | | |
| First | MI | Last | Suffix |
| | | | |
| 8. TYPE OF REPORT | | | |
| October 10 Filing - Original | | | |
| 9. PERIOD COVERED | | | |
| Beginning Date | thru | Ending Date | |
| 07/01/2025 | | 09/30/2025 | |
| 10. CERTIFICATION | | | |
| <input checked="" type="checkbox"/> 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 | Patricia Sell | 10/07/2025 1:57:57PM | |
| 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 | |
|---|-------------------------------------|-----------------------|
| Bethel Republican Town Committee | October 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 | | \$5,673.14 |
| 12. Balance on hand at the beginning of Reporting Period | \$6,708.46 | |
| 13. Contributions received from Individuals (Section A and B) | \$10,820.00 | \$13,650.00 |
| 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) | \$10,820.00 | \$13,650.00 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | \$17,528.46 | \$19,323.14 |
| 19. Expenses Paid by Committee (Section P) | \$7,923.88 | \$9,718.56 |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | \$9,604.58 | \$9,604.58 |
| 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 | \$637.46 |
| 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 |
| Bethel Republican Town Committee | October 10 Filing - Original |

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

(See instructions for definition of Small Contributor)

Subtotal Section A

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

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Ellis | | First Name Nicholas | | MI B |
| Residential Street Address 13 Fawn Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Super | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/01/2025 | Aggregate Contributions \$195.00 | |
| | | | \$45.00 | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Lennon | | First Name John | | MI B |
| Residential Street Address 16 Old Tpk | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Self | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/01/2025 | Aggregate Contributions \$195.00 | |
| | | | \$45.00 | |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Improta | | First Name Paul | | MI |
| Residential Street Address 11 Highview Ter | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Insurance agent | | Name of Employer Underwriters Inc | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/01/2025 | Aggregate Contributions \$240.00 | |
| | | | \$90.00 | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--------------------------------------|------------------------------------|------------------------|
| Last Name DEVITA | | First Name STACEY | | MI |
| Residential Street Address 89 Old Hawleyville Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation OFFICE MANAGER | | Name of Employer FAMILIES NETWORK | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/01/2025 | Aggregate Contributions \$90.00 | \$90.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name SPIES | | First Name JEFF | | MI |
| Residential Street Address 4 Starr Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation ENGINEER | | Name of Employer ASML | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/14/2025 | Aggregate Contributions \$45.00 | \$45.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name DAVIES | | First Name TOM | | MI |
| Residential Street Address 42 Plumtrees | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/14/2025 | Aggregate Contributions \$45.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Cleary | | First Name Kevin | | MI J |
| Residential Street Address 29 Pound Sweet HI | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/14/2025 | Aggregate Contributions \$90.00 | \$90.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name KOLWICZ | | First Name RICHARD | | MI |
| Residential Street Address 108 Old Hawleyville | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/17/2025 | Aggregate Contributions \$90.00 | \$90.00 |

| | | | | |
|---|---|--------------------------------|------------------------------------|-------------------|
| Last Name PAULSEN | | First Name MATTHEW | | MI |
| Residential Street Address 5 N Hearthstone | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer CONSULTANT | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/22/2025 | Aggregate Contributions \$45.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|---|------------------------------------|------------------------|
| Last Name Corey | | First Name Matthew | | MI |
| Residential Street Address 181 Center St | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Owner | | Name of Employer McKinnons Irish Pub | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/23/2025 | Aggregate Contributions \$90.00 | \$90.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name KOLTZ | | First Name BRADLEY | | MI |
| Residential Street Address 1 Fairchild Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/23/2025 | Aggregate Contributions \$45.00 | \$45.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name ALFES | | First Name THEA | | MI |
| Residential Street Address 302 S Road St | | City Harwinton | State CT | Zip Code 06791 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/23/2025 | Aggregate Contributions \$45.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name HUGHES | | First Name JOHN | | MI |
| Residential Street Address 182 Sherman Hill Rd | | City Woodbury | State CT | Zip Code 06798 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/24/2025 | Aggregate Contributions \$45.00 | \$45.00 |

| | | | | |
|---|---|--------------------------------------|-------------------------------------|-------------------|
| Last Name SEAMAN | | First Name KEVIN | | MI |
| Residential Street Address 16 Brookwood Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation MANAGER | | Name of Employer AM METAL WHISKEY | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/24/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|---|-------------------------------------|------------------------------------|-------------------|
| Last Name Evans | | First Name William | | MI |
| Residential Street Address 325 Celia Dr | | City Wolcott | State CT | Zip Code 06705 |
| Principal Occupation Consultant | | Name of Employer William J Evans | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$45.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Carter | | First Name Daniel | | MI E |
| Residential Street Address 14 Katrina Cir | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Consultant | | Name of Employer Carter McBride LLC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$792.46 | \$20.00 |

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Carter | | First Name Daniel | | MI E |
| Residential Street Address 14 Katrina Cir | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Consultant | | Name of Employer Carter McBride LLC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$792.46 | \$90.00 |

| | | | | |
|---|---|-----------------------------|------------------------------------|-------------------|
| Last Name Cutting | | First Name Robert | | MI T |
| Residential Street Address 50 Oak Ridge Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Landscaper | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$90.00 | \$90.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-------------------------------|------------------------------------|------------------------|
| Last Name FRANCESE | | First Name MICHAEL | | MI |
| Residential Street Address 1 Jacobs Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation CLAIMS REP | | Name of Employer UNITED HC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$90.00 | |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Sell | | First Name Chris | | MI |
| Residential Street Address 46 Benedict Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$180.00 | |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Pulle | | First Name Frances | | MI S |
| Residential Street Address 17 Bainbridge Blvd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$100.00 | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|---------------------------------------|------------------------|
| Last Name TAYLOR | | First Name Don | | MI |
| Residential Street Address 2 Wolfpits Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$1,000.00 | \$1,000.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Cleary | | First Name Kevin | | MI J |
| Residential Street Address 29 Pound Sweet HI | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$130.00 | \$40.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Foncello | | First Name Martin | | MI J |
| Residential Street Address 11 Drover Rd . | | City Brookfield | State CT | Zip Code 06804 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Hudak | | First Name PAT | | MI F |
| Residential Street Address 6 Fox Den Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$20.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Rondano | | First Name John | | MI |
| Residential Street Address 75 Plumtrees Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$20.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name NOVACHECK | | First Name FRANCES | | MI J |
| Residential Street Address 15 Pleasant St | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name CHARTOFF | | First Name RICHARD | | MI |
| Residential Street Address 34 White Oak | | City Danbury | State CT | Zip Code 06810 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$20.00 | \$20.00 |
| Last Name ALFES | | First Name THEA | | MI |
| Residential Street Address 302 S Road St | | City Harwinton | State CT | Zip Code 06791 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$125.00 | \$80.00 |
| Last Name DAVIES | | First Name TOM | | MI |
| Residential Street Address 42 Plumtrees | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$65.00 | \$20.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name PAULSEN | | First Name MATTHEW | | MI |
| Residential Street Address 5 N Hearthstone | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer CONSULTANT | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$65.00 | |
| Last Name KOLWICZ | | First Name RICHARD | | MI |
| Residential Street Address 108 Old Hawleyville | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | |
| Last Name KOLTZ | | First Name BRADLEY | | MI |
| Residential Street Address 1 Fairchild Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$65.00 | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|------------------------|
| Last Name Christy | | First Name Glenn | | MI |
| Residential Street Address 66 Ridgedale Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$20.00 | \$20.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Terzian | | First Name Bryan | | MI N |
| Residential Street Address 42 Longmeadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Facilities | | Name of Employer Newtown Savings Bank | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$510.00 | \$360.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Cornwell | | First Name Bruce | | MI A |
| Residential Street Address 2 Buckboard Ridge Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$240.00 | \$90.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Duff | | First Name William | | MI I |
| Residential Street Address 33 Long Meadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$45.00 | \$45.00 |
| Last Name Foncello | | First Name Martin | | MI J |
| Residential Street Address 11 Drover Rd . | | City Brookfield | State CT | Zip Code 06804 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$90.00 |
| Last Name Jordan | | First Name Kathleen | | MI |
| Residential Street Address 88 Old Hawleyville Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$195.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name NOVACHECK | | First Name FRANCES | | MI J |
| Residential Street Address 15 Pleasant St | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$90.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Rondano | | First Name John | | MI |
| Residential Street Address 75 Plumtrees Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$110.00 | \$90.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name ROTELLA | | First Name TERRY | | MI |
| Residential Street Address 62 Rockwell Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$65.00 | \$45.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name ROTELLA | | First Name TERRY | | MI MI |
| Residential Street Address 62 Rockwell Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$65.00 | \$20.00 |
| Last Name Szatkowski | | First Name Paul | | MI G |
| Residential Street Address 24 Winthrop Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$270.00 | \$120.00 |
| Last Name Ellis | | First Name Nicholas | | MI B |
| Residential Street Address 13 Fawn Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Super | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$465.00 | \$225.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Ellis | | First Name Nicholas | | MI B |
| Residential Street Address 13 Fawn Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Super | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$465.00 | |
| Last Name Gallagher | | First Name Philip | | MI J |
| Residential Street Address 15 Sunset Hill Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 07/26/2025 | Aggregate Contributions \$55.00 | |
| Last Name Sell | | First Name Chris | | MI |
| Residential Street Address 46 Benedict Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>07262025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/14/2025 | Aggregate Contributions \$320.00 | |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|---------------------------------------|-------------------|
| Last Name Lennon | | First Name John | | MI B |
| Residential Street Address 16 Old Tpk | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Self | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/18/2025 | Aggregate Contributions \$445.00 | \$250.00 |
| Last Name McCorkindale | | First Name Cynthia | | MI J |
| Residential Street Address 19 Elgin Ave | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Musician | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/18/2025 | Aggregate Contributions \$1,045.00 | \$1,000.00 |
| Last Name KOLWICZ | | First Name RICHARD | | MI |
| Residential Street Address 108 Old Hawleyville | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/21/2025 | Aggregate Contributions \$310.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Slifkin | | First Name William | | MI H |
| Residential Street Address 16 Katrina Cir | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/22/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|---|-------------------------------------|-------------------|
| Last Name Streaman | | First Name John | | MI R |
| Residential Street Address 18 Colonial Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Real Estate Sales | | Name of Employer John Streaman Insurance | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/27/2025 | Aggregate Contributions \$400.00 | \$150.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Szatkowski | | First Name Paul | | MI G |
| Residential Street Address 24 Winthrop Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/27/2025 | Aggregate Contributions \$470.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

Bethel Republican Town Committee

TYPE OF REPORT

October 10 Filing - Original

B. Itemized Contributions from Individuals

| | | | | | |
|---|--|--|-----------------------------|-------------------------------------|-------------------|
| Last Name SPIES | | First Name JEFF | | MI | |
| Residential Street Address 4 Starr Ln | | City Bethel | | State CT | Zip Code 06801 |
| Principal Occupation ENGINEER | | | Name of Employer ASML | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received 08/27/2025 | Aggregate Contributions \$245.00 | \$200.00 |
| Last Name Cornwell | | First Name Bruce | | MI A | |
| Residential Street Address 2 Buckboard Ridge Rd | | City Bethel | | State CT | Zip Code 06801 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received 08/27/2025 | Aggregate Contributions \$440.00 | \$200.00 |
| Last Name Jordan | | First Name Kathleen | | MI | |
| Residential Street Address 88 Old Hawleyville Rd | | City Bethel | | State CT | Zip Code 06801 |
| Principal Occupation Retired | | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | | Date Received 08/27/2025 | Aggregate Contributions \$395.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Ryan | | First Name Diane | | MI |
| Residential Street Address 13 Karen | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/27/2025 | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name CASSIO | | First Name ANTHONY | | MI |
| Residential Street Address 43 Linda Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation CRO | | Name of Employer MP | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/27/2025 | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Cleary | | First Name Kevin | | MI J |
| Residential Street Address 29 Pound Sweet HI | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/28/2025 | Aggregate Contributions \$330.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Rist | | First Name Patricia | | MI A |
| Residential Street Address 10 Shelter Rock Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/30/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name KOLWICZ | | First Name RICHARD | | MI |
| Residential Street Address 108 Old Hawleyville | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 08/30/2025 | Aggregate Contributions \$360.00 | \$50.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name CUNY | | First Name DOUG | | MI |
| Residential Street Address 2 Linda Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/02/2025 | Aggregate Contributions \$200.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Streaman | | First Name John | | MI R |
| Residential Street Address 18 Colonial Dr | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Real Estate Sales | | Name of Employer John Streaman Insurance | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/03/2025 | Aggregate Contributions \$450.00 | \$50.00 |
| Last Name Rist | | First Name Patricia | | MI A |
| Residential Street Address 10 Shelter Rock Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/03/2025 | Aggregate Contributions \$225.00 | \$25.00 |
| Last Name DAVIES | | First Name TOM | | MI |
| Residential Street Address 42 Plumtrees | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/08/2025 | Aggregate Contributions \$265.00 | \$200.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Improta | | First Name Paul | | MI |
| Residential Street Address 11 Highview Ter | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Insurance agent | | Name of Employer Underwriters Inc | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/15/2025 | Aggregate Contributions \$265.00 | \$25.00 |
| Last Name Bradley | | First Name Joan | | MI |
| Residential Street Address 66 Ridgedale Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$265.00 | \$25.00 |
| Last Name Christy | | First Name Glenn | | MI |
| Residential Street Address 66 Ridgedale Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$45.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Gualtieri | | First Name Deno | | MI O |
| Residential Street Address 26 Codfish Hill Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$250.00 | \$25.00 |
| Last Name LADORE | | First Name KATHLEEN | | MI |
| Residential Street Address 13 Hight St | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation SELF | | Name of Employer SELF | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name BOTELHO | | First Name MICHELE | | MI |
| Residential Street Address 14 Deal Dr | | City Danbury | State CT | Zip Code 06810 |
| Principal Occupation PARALEGAL | | Name of Employer LAW FIRM | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$25.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Terzian | | First Name Bryan | | MI N |
| Residential Street Address 42 Longmeadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Facilities | | Name of Employer Newtown Savings Bank | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$535.00 | \$25.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Terzian | | First Name Kristen | | MI N |
| Residential Street Address 42 Long Meadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Manager | | Name of Employer NSB | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$175.00 | \$25.00 |

| | | | | |
|---|--|--|-------------------------------------|------------------------|
| Last Name Beeble | | First Name Timothy | | MI R |
| Residential Street Address 28 Turkey Plain Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Registrar of voters | | Name of Employer Town of Bethel | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/16/2025 | Aggregate Contributions \$220.00 | \$25.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--|---------------------------------------|------------------------|
| Last Name Carter | | First Name Daniel | | MI E |
| Residential Street Address 14 Katrina Cir | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Consultant | | Name of Employer Carter McBride LLC | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$1,792.46 | \$1,000.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|------------------------|
| Last Name Lennon | | First Name John | | MI B |
| Residential Street Address 16 Old Tpk | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Self | | Name of Employer Self | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$945.00 | \$500.00 |

| | | | | |
|---|--|---|------------------------------------|------------------------|
| Last Name Clayton | | First Name Scott | | MI |
| Residential Street Address 36 Linda Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Principal | | Name of Employer Stamford board of Education | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Amount of Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$40.00 | \$40.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Duff | | First Name Michael | | MI |
| Residential Street Address 33 Long Meadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation retired | | Name of Employer retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$25.00 | \$25.00 |

| | | | | |
|---|--|-----------------------------|------------------------------------|-------------------|
| Last Name Duff | | First Name William | | MI I |
| Residential Street Address 33 Long Meadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation mfg | | Name of Employer Coranet | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$70.00 | \$25.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name Szatkowski | | First Name Paul | | MI G |
| Residential Street Address 24 Winthrop Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Retired | | Name of Employer Retired | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <u>09212025A</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$520.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-K)

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

B. Itemized Contributions from Individuals

| | | | | |
|---|--|--------------------------------------|-------------------------------------|-------------------|
| Last Name Hancock | | First Name James | | MI P |
| Residential Street Address 86 Codfish Hill Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Registered Nurse | | Name of Employer Danbury Hospital | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$200.00 | \$200.00 |

| | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------|
| Last Name ROTELLA | | First Name TERRY | | MI P |
| Residential Street Address 62 Rockwell Rd | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation RETIRED | | Name of Employer RETIRED | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$265.00 | \$200.00 |

| | | | | |
|---|--|--|-------------------------------------|-------------------|
| Last Name Terzian | | First Name Bryan | | MI N |
| Residential Street Address 42 Longmeadow Ln | | City Bethel | State CT | Zip Code 06801 |
| Principal Occupation Facilities | | Name of Employer Newtown Savings Bank | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Method of Contribution <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order | | Date Received 09/21/2025 | Aggregate Contributions \$735.00 | \$200.00 |

Total of Section B \$10,820.00

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 13 of Summary Page) \$10,820.00

| I. MONETARY RECEIPTS (Section A-K) | | | | | |
|--|-------|---|---------------|-------------------------|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | TYPE OF REPORT |
| Bethel Republican Town Committee | | | | | October 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? If yes, list Event # | | | Amount of Contribution |
| | | <div style="display: flex; justify-content: space-around;"> Yes No </div> | | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |
| Total of Section C1 | | | | | |

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

D. Loans Received this Period

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

I. MONETARY RECEIPTS (Section A-K)

| | |
|----------------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| Bethel Republican Town Committee | October 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 |
| Bethel Republican Town Committee | October 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 | |
| Bethel Republican Town Committee | October 10 Filing - Original | |
| H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY) | | |
| Date of Receipt | Method of Payment Cash Personal Check Credit/Debit Card | Amount |
| Total of Section H | | |

| I. Monetary Receipts (Section A-K) | | | | |
|--|------|---------------|------------------------------|--------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | TYPE OF REPORT | |
| Bethel Republican Town Committee | | | October 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 |
| Bethel Republican Town Committee | October 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 |
| Bethel Republican Town Committee | October 10 Filing - Original |

L1. Event Information

| | | | | |
|---|-------------|---|--|-------------------|
| Event # Date of Event 09/21/2025 | Letter A | Description Meet and Greet Event | Was this a fundraising event? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location: Street Address 200 Greenwood Ave | | City Bethel | State CT | Zip Code 06801 |
| Subpart 1: (All Committees) | | Was this event hosted at a personal residence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(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.)</i> | | |
| 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? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, enter Total Receipts here.)</i> | | \$0.00 |
| Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees) | | | | |
| Were there purchases of advertising space in a program book or on a sign associated with this fundraiser? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> | | |
| Subpart 3: (Town Committees ONLY) | | Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If yes, enter Total Receipts here.)</i> | | |
| Total of Section L1 | | | | \$0.00 |

II. EVENT ACTIVITY (Sections L1 - L5)

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

L3. Purchases of Advertising in a Program Book or on a Sign

| | | | |
|-------------------|---------|---------------------------------------|--|
| Name of Purchaser | | Purchase Made By: | |
| | | Business Entity | Other |
| | | Individual/Sole Proprietorship | |
| Street Address | | City | State Zip Code |
| Date Received | Event # | Aggregate Purchases for All Events | Amount of Program Ad Purchase Amount of Sign Purchase |
| | | | Total of Section L3 |

II. EVENT ACTIVITY (Sections L1 - L5)

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

L4. In-Kind Donations Not Considered Contributions

| | | | |
|--|-------------------------|---|-------------------------------|
| Name of the Donor | | | |
| Street Address | | City | State Zip Code |
| Donation Given by: | Description of Donation | | Fair Market Value of Donation |
| Business Entity Individual Sole Proprietorship | 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 |
| Bethel Republican Town Committee | October 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 |
| Bethel Republican Town Committee | October 10 Filing - Original |

M. In-Kind Contributions

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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

| | |
|----------------------------------|------------------------------|
| NAME OF COMMITTEE | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| Bethel Republican Town Committee | October 10 Filing - Original |

P. Expenses Paid By Committee

| | | | | |
|--|---|-------------------------------|---|--------------------|
| Name of Payee GOOGLE LLC | | Date of Payment 07/02/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expenditure (by code) WEB | Description GOOGLE GSUITE | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$7.66 |
| Name of Payee THE INSURANCE CENTER | | Date of Payment 07/08/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2112 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Stony Hill Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) OVHD | Description YEARLY INSURANCE | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$811.00 |
| Name of Payee Ct Post | | Date of Payment 07/16/2025 | Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 301 Merritt 7 Ste 1 | | City Norwalk | State CT | Zip Code 06851 |
| Purpose of Expenditure (by code) A-NEWS | Description CAUCUS NOTICE | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$200.40 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 10 Filing - Original |
| P. Expenses Paid By Committee | |

| | | | |
|--|-------------------------------|--|-------------------|
| Name of Payee GOOGLE LLC | Date of Payment 08/01/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | City Mountain View | State CA | Zip Code 94043 |

| | | |
|---|-----------------------------|---------|
| Purpose of Expenditure (by code) WEB | Description GOOGLE SUITE | Event # |
|---|-----------------------------|---------|

| | | |
|-------------------------------|--|----------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$8.59 |
|-------------------------------|--|----------------------|

| | | | |
|-------------------------------------|-------------------------------|---|-------------------|
| Name of Payee JOHN LENNON | Date of Payment 08/01/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address OLD TURNPIKE ROAD | City Bethel | State CT | Zip Code 06801 |

| | | |
|---|--|--------------------------|
| Purpose of Expenditure (by code) RMB | Description lobsters, rentals, propane, wristbands, ice, rolls, paper goods | Event # 07262025A |
|---|--|--------------------------|

| | | |
|-------------------------------|--|--------------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$1,587.05 |
|-------------------------------|--|--------------------------|

| | | | |
|---------------------------------------|-------------------------------|---|-------------------|
| Name of Payee THE INSURANCE CENTER | Date of Payment 08/17/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2114 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Stony Hill Rd | City Bethel | State CT | Zip Code 06801 |

| | | |
|--|------------------------------------|---------|
| Purpose of Expenditure (by code) OVHD | Description LIABILITY INSURANCE | Event # |
|--|------------------------------------|---------|

| | | |
|-------------------------------|--|------------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$245.00 |
|-------------------------------|--|------------------------|

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|---|-------------------|
| Name of Payee GOOGLE LLC | | Date of Payment 09/02/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 1600 Amphitheatre Pkwy | | City Mountain View | State CA | Zip Code 94043 |
| Purpose of Expenditure (by code) WEB | Description GOOGLE SUITE | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$8.93 |
| Name of Payee Nick Ellis | | Date of Payment 09/05/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13 Fawn Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) A-SIGN | Description CAMPAIGN SIGNS A.G.E GRAPHICS | | | Event # |
| Expenditure # (if applicable) 595694 | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | Amount |
| | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$482.00 |
| Name of Payee Nick Ellis | | Date of Payment 09/05/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13 Fawn Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) A-SIGN | Description CAMPAIGN SIGNS A.G.E GRAPHICS | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | \$1,868.25 |

IV. EXPENDITURES (Sections P - T)

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

P. Expenses Paid By Committee

| | | | | |
|--|--|-------------------------------|---|----------------------|
| Name of Payee Nick Ellis | | Date of Payment 09/06/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13 Fawn Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) OVHD | Description HQ RENT | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$500.00 |
| Name of Payee Nick Ellis | | Date of Payment 09/10/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 13 Fawn Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) A-SIGN | Description CAMPAIGN SIGNS A.G.E GRAPHICS | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$1,279.00 |
| Name of Payee THE INSURANCE CENTER | | Date of Payment 09/16/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2118 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
| Street Address 6 Stony Hill Rd | | City Bethel | State CT | Zip Code 06801 |
| Purpose of Expenditure (by code) OVHD | Description INSURANCE FOR TEMP HDQS | | | Event # |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | | | Amount \$137.28 |

IV. EXPENDITURES (Sections P - T)

| | |
|---|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 10 Filing - Original |
| P. Expenses Paid By Committee | |

| | | | |
|--|-------------------------------|---|--|
| Name of Payee IRISH FLAIR PHOTOGRAPHY | Date of Payment 09/23/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2119 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
|--|-------------------------------|---|--|

| | | | |
|--------------------------------|----------------|-------------|-------------------|
| Street Address 16 Cherry St | City Bethel | State CT | Zip Code 06801 |
|--------------------------------|----------------|-------------|-------------------|

| | | |
|--|-------------------------------------|---------|
| Purpose of Expenditure (by code) A-SIGN | Description PHOTOS OF CANDIDATES | Event # |
|--|-------------------------------------|---------|

| | | |
|-------------------------------|--|--------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$127.62 |
|-------------------------------|--|--------------------|

| | | | |
|-------------------------|-------------------------------|---|--|
| Name of Payee Anedot | Date of Payment 09/26/2025 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
|-------------------------|-------------------------------|---|--|

| | | | |
|-----------------------------------|---------------------|-------------|-------------------|
| Street Address 1340 Poydras St | City New Orleans | State LA | Zip Code 70112 |
|-----------------------------------|---------------------|-------------|-------------------|

| | | |
|---|--|---------|
| Purpose of Expenditure (by code) BNK | Description FEES FOR COLLECTING DUES FROM MEMBERS | Event # |
|---|--|---------|

| | | |
|-------------------------------|--|--------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$130.10 |
|-------------------------------|--|--------------------|

| | | | |
|----------------------------|-------------------------------|---|--|
| Name of Payee WHITLOCKS | Date of Payment 09/27/2025 | Method of Payment <input checked="" type="checkbox"/> Check # 2120 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT | |
|----------------------------|-------------------------------|---|--|

| | | | |
|-------------------------------------|----------------|-------------|-------------------|
| Street Address 273 Greenwood Ave | City Bethel | State CT | Zip Code 06801 |
|-------------------------------------|----------------|-------------|-------------------|

| | | |
|--|---|----------------------|
| Purpose of Expenditure (by code) FOOD | Description FOOD FOR 9/21 MEET AND GREET EVENT | Event # 09212025A |
|--|---|----------------------|

| | | |
|-------------------------------|--|--------------------|
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | Amount \$531.00 |
|-------------------------------|--|--------------------|

| | | |
|---------------------------|--|-------------------|
| Total of Section P | | \$7,923.88 |
|---------------------------|--|-------------------|

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

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| LENNON | JOHN | | 07/22/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| PARTY DEPOT | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 132 Federal Rd | Danbury | CT | |

| | | |
|----------------------------------|----------------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| Misc * | SUPPLIES FOR LOBSTER EVENT | |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$47.71 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| LENNON | JOHN | | 07/22/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| KITTY GRANT | <input checked="" type="checkbox"/> Check # 2113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 23 Quaker Ridge Rd | Bethel | CT | 06801 |

| | | |
|----------------------------------|---------------------------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FOOD | SUPPLIES FOR SAUSAGE AND PEPPERS TRAY | 07262025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$80.00 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| LENNON | JOHN | | 07/24/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| DURANTS PARTY RENTALS | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|---------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 1 Precision St | Danbury | CT | 06810 |

| | | |
|----------------------------------|-------------------------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| Misc * | COOKING POTS FOR LOBSTER AND BURNER | 07262025A |

| | | |
|---------------|---|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$115.54 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| LENNON | JOHN | | 07/26/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| BIG Y | <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 73 Stony Hill Rd | Bethel | CT | 06801 |

| | | |
|----------------------------------|-------------------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| Misc * | BAGS OF ICE FOR COOLERS | 07262025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$69.86 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| LENNON | JOHN | | 07/26/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| CARALUZZIS | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| Greenwood Ave | Bethel | CT | 06801 |

| | | |
|----------------------------------|-------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FOOD | ROLLS | 07262025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$15.96 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| LENNON | JOHN | | 07/26/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| WENDY DOLAN | <input checked="" type="checkbox"/> Check # 2113 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 213 Greenwood Ave | Bethel | CT | |

| | | |
|----------------------------------|---|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FOOD | FOOD SUPPLIES FOR TRAY OF POTATO SALAD FOR 50 | 07262025A |

| | | |
|---------------|---|---------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$25.00 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| LENNON | JOHN | | 07/26/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Community Shell Fish | <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 23 Francis J Clarke Cir | Bethel | CT | 06801 |

| | | |
|----------------------------------|-------------|-----------|
| Purpose of Expenditure (by code) | Description | Event # |
| FOOD | 80 lobsters | 07262025A |

| | | |
|---------------|---|------------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$1,231.98 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| ELLIS | NICK | | 09/05/2025 |

| | |
|--|--|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| A.G.E Graphics | <input checked="" type="checkbox"/> Check # 2115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 52231 State Route 248 | Long Bottom | OH | 45743 |

| | | |
|----------------------------------|-------------------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| A-SIGN | CAMPIGN SIGNS A.G.E. GRAPHICS | |

| | | |
|---------------|---|------------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$1,868.25 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| ELLIS | NICK | | 09/05/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| A.G.E Graphics | <input checked="" type="checkbox"/> Check # 2115 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 52231 State Route 248 | Long Bottom | OH | 45743 |

| | | |
|----------------------------------|-------------------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| A-SIGN | CAMPAIGN SIGNS A.G.E GRAPHICS | |

| | | |
|---------------|--|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| 595702 | <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$482.00 |

| | | | |
|--------------------------------|-------|----|---|
| Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor, Person or Entity |
| ELLIS | NICK | | 09/06/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| Larson Investments | <input checked="" type="checkbox"/> Check # 2116 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|--------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 3 Starr Ln | Bethel | CT | 06801 |

| | | |
|----------------------------------|-------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| OVHD | HQ RENT | |

| | | |
|---------------|--|----------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Independent <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$500.00 |

IV. EXPENDITURES (Sections P - T)

| | |
|--|------------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
| Bethel Republican Town Committee | October 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 |
| ELLIS | NICK | | 09/10/2025 |

| | |
|--|---|
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section P |
| A.G.E Graphics | <input checked="" type="checkbox"/> Check # 2117 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |

| | | | |
|--|-------------|-------|----------|
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | City | State | Zip Code |
| 52231 State Route 248 | Long Bottom | OH | 45743 |

| | | |
|----------------------------------|-------------------------------|---------|
| Purpose of Expenditure (by code) | Description | Event # |
| A-SIGN | CAMPAIGN SIGNS A.G.E GRAPHICS | |

| | | |
|---------------|---|------------|
| Expenditure # | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) | Amount |
| | <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | \$1,279.00 |

Total of Section T \$5,715.30

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 |
| Bethel Republican Town Committee | October 10 Filing - Original |

P. Expenses Paid By Committee - Addendum

| | | |
|------------------------------------|--|--|
| Expenditure # 595694 | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure \$482.00 |
|------------------------------------|--|--|

| | | |
|--|--|--|
| Name of Candidate or Committee DAN FOR BETHEL | Office Sought (if applicable) First Selectman | Cost Allocated to Candidate or Committee \$482.00 |
|--|--|--|

| | |
|--|------------------------|
| Are Limits Aggregated? <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
| Bethel Republican Town Committee | | October 10 Filing - Original |
| T. Itemization of Reimbursements and Secondary Payees - Addendum | | |
| Expenditure # | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount of Expenditure |
| 595702 | | \$482.00 |
| Name of Candidate or Committee | Office Sought (if applicable) | Cost Allocated to Candidate or Committee |
| DAN FOR BETHEL | First Selectman | \$482.00 |