

SEEC FORM 21

Short Form Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/07



Electronic Filing

Office Use Only

1. NAME OF COMMITTEE

Sharon Republican Town Committee

2. TREASURER NAME

Title	First	MI	Last	Suffix
	John	S.B.	Oler	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
195 W Woods Rd # 1	Sharon	CT	06069-0007

4. ELECTION DATE

5. OFFICE SOUGHT (if applicable)

6. DISTRICT CODE (if applicable)

7. CANDIDATE NAME

Title	First	MI	Last	Suffix

8. TYPE OF REPORT

April 10 Filing - Original

9. PERIOD COVERED

Beginning Date	Ending Date
01/01/2026	03/31/2026

thru

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1000 for the period covered by this Short Form Campaign Finance Disclosure Statement.

Electronic Filing

SIGNATURE

John Oler

PRINT NAME OF THE SIGNER

04/05/2026 4:14:13PM

DATE CERTIFIED

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.