

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 39

**SUMMARY PAGE**

1. NAME OF COMMITTEE				
<b>South Windsor Republican Town Committee</b>				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
	<b>Richard</b>	<b>J.</b>	<b>Cullen</b>	
3. TREASURER ADDRESS				
Street Address	City	State	Zip Code	
<b>218 Lisa Dr</b>	<b>South Windsor</b>	<b>CT</b>	<b>06074</b>	
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				
<b>October 10 Filing - Original</b>				
9. PERIOD COVERED				
	Beginning Date		Ending Date	
	<b>07/01/2011</b>	thru	<b>09/30/2011</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.			
<b>Electronic Filing</b>	<b>Richard Cullen</b>	<b>10/09/2011 7:15:02 pm</b>		
SIGNATURE	PRINT NAME OF THE SIGNER	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.				

**SEEC FORM 20**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>South Windsor Republican Town Committee</b>	Original 10/11/2011	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		<b>\$12,158.43</b>
12. Balance on hand at the beginning of Reporting Period	<b>\$22,141.23</b>	
13. Contributions received from Individuals (Section A and B)	<b>\$345.00</b>	<b>\$13,297.00</b>
14. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$0.00</b>
15. Other Monetary Receipts (Section D-K)	<b>\$50.00</b>	<b>\$1,917.50</b>
16a. Total Small Food and Beverage Receipts at Fair (Section L1)	<b>\$47.00</b>	<b>\$15,850.00</b>
16b. Total Proceeds from Small purchases at Tag Sales, Auctions or Other Sales (Section L2)	<b>\$0.00</b>	<b>\$0.00</b>
16c. Total Purchases of Advertising in a Program Book (Section L3)	<b>\$0.00</b>	<b>\$2,050.00</b>
17. Total Monetary Receipts (add totals for lines 13-16c)	<b>\$442.00</b>	<b>\$33,114.50</b>
18. Subtotals (add totals in line 12 + line 17 in Column A and in line 11 + 17 in Column B)	<b>\$22,583.23</b>	<b>\$45,272.93</b>
19. Expenses Paid by Committee (Section P)	<b>\$10,326.95</b>	<b>\$33,016.65</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18)	<b>\$12,256.28</b>	<b>\$12,256.28</b>
21. In-Kind Donations not Considered Contributions Received (Section L4)	<b>\$0.00</b>	<b>\$80.00</b>
22. In-Kind Contributions Received (Section M)	<b>\$0.00</b>	<b>\$335.00</b>
23. Refundable Deposit to Telephone Company (Section N)	<b>\$0.00</b>	<b>\$0.00</b>
24. Receipts of Organization Expenditures (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
25. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
25a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
25b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
26. Campaign Expenses Paid By Candidate (Section Q)	<b>\$0.00</b>	<b>\$0.00</b>
27. Expenses Incurred on Committee Credit Card (Section R)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

### I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE							FILING DUE DATE		
South Windsor Republican Town Committee							Original 10/11/2011		
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b>									
<i>(See instructions for definition of Small Contributor)</i>							<b>Subtotal Section</b>		
							<b>\$0.00</b>		
<b>B. Itemized Contributions from Individuals</b>									
Last Name Kennedy		First Name Patrick		MI	Name of Employer Self			<b>Amount of Contribution</b>	
Residential Street Address 9 Tuttle Cir		City South Windsor		State CT	Zip Code 06074	Principal Occupation Attorney			
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							
Is this contribution associated with a fundraising event listed 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 07/19/2011		Aggregate Contribution \$128.00			\$48.00
Last Name Rotondo		First Name Shirley		MI	Name of Employer			<b>Amount of Contribution</b>	
Residential Street Address 105 Beelzebub Rd		City South Windsor		State CT	Zip Code 06074	Principal Occupation			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input 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							
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06112011A</u>		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 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 08/11/2011		Aggregate Contribution \$16.00			\$16.00
Last Name Seyapura		First Name Daniel		MI W	Name of Employer Rogo Distributors			<b>Amount of Contribution</b>	
Residential Street Address 37 Carson Way		City South Windsor		State CT	Zip Code 06074	Principal Occupation Salesman			
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							
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>06112011A</u>		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 08/11/2011		Aggregate Contribution \$128.00			\$80.00

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**B. Itemized Contributions from Individuals**

Last Name Gagnat	First Name John	MI	Name of Employer Retired			<b>Amount of Contribution</b>
Residential Street Address 30 Devonshire Dr	City South Windsor	State CT	Zip Code 06074	Principal Occupation 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					
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event # <u>06112011A</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 08/11/2011	Aggregate Contribution \$112.00		
<b>\$64.00</b>						
Last Name Mirek	First Name Carolyn	MI	Name of Employer Benco Dental			<b>Amount of Contribution</b>
Residential Street Address 48 Sele Dr .	City South Windsor	State CT	Zip Code 06066	Principal Occupation Sales Rep		
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					
Is this contribution associated with a fundraising event listed 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 08/25/2011	Aggregate Contribution \$129.00		
<b>\$25.00</b>						
Last Name Mabey	First Name Richard	MI J	Name of Employer West Hartford Schools			<b>Amount of Contribution</b>
Residential Street Address 30 Dogwood Ln	City South Windsor	State CT	Zip Code 06074	Principal Occupation Teacher		
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					
Is this contribution associated with a fundraising event listed 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 09/23/2011	Aggregate Contribution \$232.00		
<b>\$24.00</b>						



<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
South Windsor Republican Town Committee					Original 10/11/2011
<b>C1. Contributions from Other Committees</b>					
Name of Committee				Name of Treasurer	
Address		Is this contribution associated with a fundraising event listed in Section L1?			Amount of Contribution
		Yes    If yes, list Event # No			
City	State	Zip Code	Date Received	Aggregate Contributions	
<b>Total of Section C1</b>					

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**C2. Reimbursements, Payments, or Surplus Distributions from other Committees**

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services Surplus Distribution	

**Total of Section C2**

### I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes  No	
Name of Cosigner/Guarantor				Candidate		
Street Address				Individual		
Street Address				Other		
City				Committee		
State				Date Received		
Zip Code						

**Total of Section D**



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
South Windsor Republican Town Committee				Original 10/11/2011	
<b>E. Receipts from Entities other than Individuals or Other Committees (<i>Referendum Committees ONLY</i>)</b>					
Name					
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contributions		
<b>Total of Section E</b>					

<b>I. MONETARY RECEIPTS (Section A-I)</b>		
NAME OF COMMITTEE	FILING DUE DATE	
South Windsor Republican Town Committee	Original 10/11/2011	
<b>F. Amount Transferred from Affiliated Business Treasury (<i>Business Entity Committees ONLY</i>)</b>		
Is this transaction associated with a fundraising event listed in Section L1?	Date of Receipt	Amount
Yes                  No                  If yes, list Event #		
<b>Total of Section F</b>		

<b>I. MONETARY RECEIPTS (Section A-I)</b>	
NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011
<b>G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (<i>Organization Committees ONLY</i>)</b>	
Date of Receipt	Amount
<b>Total of Section G</b>	

<b>I. MONETARY RECEIPTS (Section A-K)</b>		
NAME OF COMMITTEE	FILING DUE DATE	
South Windsor Republican Town Committee	Original 10/11/2011	
<b>H. Personal Funds of the Candidate Received this Period (<i>Candidate Committees ONLY</i>)</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section H</b>

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE					FILING DUE DATE
South Windsor Republican Town Committee					Original 10/11/2011
<b>I. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section I</b>					

<b>I. Monetary Receipts (Section A-I)</b>			
NAME OF COMMITTEE	FILING DUE DATE		
South Windsor Republican Town Committee	Original 10/11/2011		
<b>J. Interest from Deposits in Authorized Accounts</b>			
Name of Institution	Date Received	Amount Received	
Street Address	City	State	Zip Code
<b>Total of Section J</b>			

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**K. Miscellaneous Monetary Receipts not Considered Contributions**

Name	Date of Transaction		Amount Received
Wapping Fair	09/23/2011		
Street Address	City	State	Zip Code
PO Box 486	South Windsor	CT	06074
Description			\$50.00
partial refund of booth price for leaving area clean			
<b>Total of Section K</b>			<b>\$50.00</b>

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

### L1. Fundraiser Event Information

Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
06/11/2011	B	Fair Event	Nevers Road Park	South Windsor	CT	06074

*Subpart 1: (All Committees)*

Was this fundraising event hosted at a personal residence?

Yes

No

*If yes, go to Section L4*

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

Yes

No

*If yes, go to Section L4*

Was this fundraiser a tag sale, auction, or other sale of donated items?

Yes

No

*If yes, go to Section L2*

*Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)*

Were there purchases of advertising space in a program book associated with this fundraiser?

Yes

No

*If yes, go to Section L3*

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state?

Yes

No

*If yes, enter Total Receipts from small purchases*

\$47.00
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**Total of Section L1**

**\$47.00**



**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items**

Name of the Purchaser <i>(Individuals ONLY)</i> Last Name	First Name	MI	Method of payment:				Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card		
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

<b>Total of Section L2</b>	
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## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

### L3. Purchases of Advertising in a Program Book (*Municipal Candidate and Town Committees ONLY*)

Name of Purchaser	for All Events	Business Entity		Event #	Date Received	Amount of Purchase
		Yes	No			
Street Address	City	State	Zip Code	Aggregate Purchases for All Events		
<b>Total of Section L3</b>						

**II. FUNDRAISING EVENT ACTIVITY**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**L4. In-Kind Donations Not Considered Contributions**

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

<b>Total of Section L4</b>	
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**III. NONMONETARY RECEIPTS**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

**M. In-Kind Contributions**

Name		Type of Contributor: Individual Committee Other	Fair Market Value of this Contribution
Street Address			
State	Zip Code	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 Yes No	Date Received
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No			
Is this contribution associated with a fundraising event listed in Section J1? Yes No		Description of In-Kind Contribution	Aggregate contributions
If yes, list Event#			
<b>Total of Section M</b>			

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE					FILING DUE DATE		
South Windsor Republican Town Committee					Original 10/11/2011		
<b>N. Refundable Deposit to Telephone Company</b>							
Last Name (Individuals Only)	First Name			MI	Date Received		Amount of Deposit
Residential Street Address	City		State	Zip Code			
Name of Telephone company							
Street Address	City		State	Zip Code			
<b>Total of Section N</b>							

### III. NONMONETARY RECEIPTS

<b>III. NONMONETARY RECEIPTS</b>			
NAME OF COMMITTEE			FILING DUE DATE
South Windsor Republican Town Committee			Original 10/11/2011
<b>O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>			
Name of Committee		Name of Treasurer	
Street Address		Date Notice Received	Fair Market Value of Donation
City	State	Zip Code	
Description of Donation		Purpose of Expenditure	
		A	B
		C	D
		E	
<b>Total of Section O</b>			

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

## P. Expenses Paid By Committee

Name of Payee Gary Bazzano		Date of Payment 07/17/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1414		Amount
Street Address 53 Spinners Run		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (bv code) RCW <input type="checkbox"/> Debit Card	
Description Strawberry Festival supplies						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$11.51

Name of Payee Wayne Kilburn		Date of Payment 07/20/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1415		Amount
Street Address 291 Smith St		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (bv code) RCW <input type="checkbox"/> Debit Card	
Description SF supplies						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$314.19

Name of Payee US Postal Service		Date of Payment 07/20/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1416		Amount
Street Address 850 Clark St		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (bv code) POST <input type="checkbox"/> Debit Card	
Description Bulk Mailing Permit						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$190.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Keifer's Kettle Korn	07/20/2011	<input checked="" type="checkbox"/> Check # 1417	
Street Address 21 Shore Dr	City Griswold	State CT	Zip Code 06351
Description Italian Ice, cups, and spoons		Purpose of Expenditure (bv code) FNRD	Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$140.00
TonSha	07/20/2011	<input checked="" type="checkbox"/> Check # 1418	
Street Address 81 Commerce Way	City South Windsor	State CT	Zip Code 06074
Description Placemats		Purpose of Expenditure (bv code) FNRD	Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$408.10
Paul Oates	08/12/2011	<input checked="" type="checkbox"/> Check # 1419	
Street Address 935 Main St	City South Windsor	State CT	Zip Code 06074
Description Journal Inquirer Public Notice		Purpose of Expenditure (bv code) RCW	Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$86.57



### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee Admiral Self-Stor		Date of Payment 08/12/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1420 <input type="checkbox"/> Debit Card		Amount  \$714.29
Street Address PO Box 1134		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) Misc *	
Description Storage Rental						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee USA Hauling & Recycling		Date of Payment 08/12/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1421 <input type="checkbox"/> Debit Card		Amount  \$84.80
Street Address PO Box 808		City East Windsor	State CT	Zip Code 06088	Purpose of Expenditure (by code) FNDR	
Description Dumpster Service						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee J.T. & S Truck Rental		Date of Payment 08/12/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1422 <input type="checkbox"/> Debit Card		Amount  \$106.00
Street Address 130 Brainard Rd		City Hartford	State CT	Zip Code 06114	Purpose of Expenditure (by code) FNDR	
Description Rent truck						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Joseph DiDonna	08/15/2011	<input checked="" type="checkbox"/> Check # 1423	
Street Address 115 9th St	City Satatoga Springs	State NY	Zip Code 12866
Description Entertainment for SF - Magician		Purpose of Expenditure (bv code) FNRD	Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$250.00
John Marinelli	08/18/2011	<input checked="" type="checkbox"/> Check # 1424	
Street Address 122 Naubuc Ave # B9	City Glastonbury	State CT	Zip Code 06033
Description Campaign Photos		Purpose of Expenditure (bv code) A-SIGN	Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$478.56
Cary Prague	08/20/2011	<input checked="" type="checkbox"/> Check # 1425	
Street Address 60 Krawski Dr	City South Windsor	State CT	Zip Code 06074
Description GoDaddy		Purpose of Expenditure (bv code) RCW	Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$157.69

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee Thomas Agostino		Date of Payment 08/24/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1426 <input type="checkbox"/> Debit Card		Amount  \$450.00
Street Address 449 Quarry Brook Dr		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (bv code) A-SIGN	
Description Campaign sign preparation						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee Mitchell Fuel Co.		Date of Payment 08/26/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1427 <input type="checkbox"/> Debit Card		Amount  \$315.12
Street Address 1209 Sullivan Ave		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (bv code) FNDR	
Description Cooker repair						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

Name of Payee VictoryStore.com Inc		Date of Payment 08/29/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1428 <input type="checkbox"/> Debit Card		Amount  \$2,677.00
Street Address 5200 SW 30th St		City Davenport	State IA	Zip Code 52802	Purpose of Expenditure (bv code) A-SIGN	
Description Campaign candidate color sign photos						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee Wapping Fair		Date of Payment 08/31/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1429		Amount  
Street Address PO Box 486		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) Misc * <input type="checkbox"/> Debit Card	
Description Booth Rental at fair for Republican Campaign exposure						Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$300.00

Name of Payee Environmental Services		Date of Payment 09/01/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1430		Amount  
Street Address 90 Brookfield St		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) FNDR <input type="checkbox"/> Debit Card	
Description Port-A-Potties						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$335.26

Name of Payee Design Professionals		Date of Payment 09/06/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1431		Amount  
Street Address 425 Sullivan Ave		City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) FNDR <input type="checkbox"/> Debit Card	
Description Colored Signs						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$90.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Broad Brook Gardens	09/06/2011	<input checked="" type="checkbox"/> Check # 1432	
Street Address 938 Sullivan Ave	City South Windsor	State CT	Zip Code 06074
Purpose of Expenditure (by code) Gift *			<input type="checkbox"/> Debit Card
Description Flowers for Parrott & Gagnat - sick RTC members			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$80.00
TonSha	09/08/2011	<input checked="" type="checkbox"/> Check # 1433	
Street Address 81 Commerce Way	City South Windsor	State CT	Zip Code 06074
Purpose of Expenditure (by code) PRNT			<input type="checkbox"/> Debit Card
Description Campaign Handouts			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$957.15
J & B Sportswear	09/08/2011	<input checked="" type="checkbox"/> Check # 1434	
Street Address 641 Sullivan Ave	City South Windsor	State CT	Zip Code 06074
Purpose of Expenditure (by code) A-OTH			<input type="checkbox"/> Debit Card
Description Campaign Shirts for candidates			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed
			\$457.00

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Thomas Agostino	09/15/2011	<input checked="" type="checkbox"/> Check # 1435 <input type="checkbox"/> Debit Card	
Street Address 449 Quarry Brook Dr	City South Windsor	State CT	Zip Code 06074
Description Campaign signs			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			\$480.00
Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Cary Prague	09/22/2011	<input checked="" type="checkbox"/> Check # 1436 <input type="checkbox"/> Debit Card	
Street Address 60 Krawski Dr	City South Windsor	State CT	Zip Code 06074
Description Soda			Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			\$16.95
Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
LIFE Publications	09/22/2011	<input checked="" type="checkbox"/> Check # 1437 <input type="checkbox"/> Debit Card	
Street Address 106 South St	City West Hartford	State CT	Zip Code 06110
Description Campaign Ads			Event #
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E			\$648.00
Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### P. Expenses Paid By Committee

Name of Payee Teri Dickey-Gagnat		Date of Payment 09/22/2011		Method of Payment <input checked="" type="checkbox"/> Check # 1438		Amount
Street Address 30 Devonshire Dr	City South Windsor	State CT	Zip Code 06074	Purpose of Expenditure (by code) RCW	<input type="checkbox"/> Debit Card	
Description SF Crafter expenses						Event # 06112011A
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$578.76
<b>Total of Section P</b>						<b>\$10,326.95</b>

### IV. EXPENDITURES

<b>IV. EXPENDITURES</b>					
NAME OF COMMITTEE				FILING DUE DATE	
South Windsor Republican Town Committee				Original 10/11/2011	
<b>Q. Campaign Expenses Paid By Candidate</b>					
Name of Payee (Name of Vendor who candidate paid directly)		Date of Payment	Purpose of Expenditure (by code)	Is Reimbursement Claimed? Yes      No	<b>Amount</b>
Street Address	City	State	Zip Code	Event #	
Description					
<b>Total of Section Q</b>					



### IV. EXPENDITURES

<b>IV. EXPENDITURES</b>					
NAME OF COMMITTEE					FILING DUE DATE
South Windsor Republican Town Committee					Original 10/11/2011
<b>R. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card:		
			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
			<input type="checkbox"/> Other		
Name of Vendor		Purpose of Expenditure (by code)		Date of Transaction	Amount
Street Address	City	State	Zip Code	Event #	
Description					
<b>Total of Section R</b>					

**IV. EXPENDITURES**

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

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

Name of Creditor		Event #	Date Incurred	Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code	
Description				
Type of Expenditure <i>(if applicable)</i>	Candidate(s) Name <i>(if applicable)</i>	Office Sought	Supported	Opposed
Coordinated with reimbursement sought Coordinated without reimbursement sought Independent Organization <i>(see Instructions)</i> A      B      C      D      E				

<b>Total of Section S</b>	
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### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Gary Bazzano	Date of Payment 07/17/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1414	Amount
Secondary Payee Geissler's Supermarket	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 965 Sullivan Ave	City South Windsor	State CT	Zip Code 06074
Description Cooking Oil for fryer			
Type of Expenditure ( <i>if applicable</i> ) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization ( <i>see Instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed  \$11.51
Name of Worker/Consultant Wayne Kilburn	Date of Payment 07/20/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1415	Amount
Secondary Payee Lowe's	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 31 Buckland Hills Dr	City Manchester	State CT	Zip Code 06040
Description hardware items for SF			
Type of Expenditure ( <i>if applicable</i> ) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization ( <i>see Instructions</i> ) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed  \$283.69

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wayne Kilburn	Date of Payment 07/20/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1415	Amount
Secondary Payee Home Depot	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 1055 N Colony Rd	City Wallingford	State CT	Zip Code 06492
Description Hardware supplies for SF			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$30.50
Name of Worker/Consultant Paul Oates	Date of Payment 08/11/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1419	Amount
Secondary Payee Journal Inquirer	Purpose of Expenditure A-NEWS	<input type="checkbox"/> Debit Card	
Street Address 306 Progress Dr	City Manchester	State CT	Zip Code 06040
Description Publication of legal notice			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$86.57

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Cary Prague	Date of Payment 08/20/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1425	Amount
Secondary Payee GoDaddy.com Inc	Purpose of Expenditure A-WEB	<input type="checkbox"/> Debit Card	
Street Address 14455 N Hayden Rd Ste 226	City Scottsdale	State AZ	Zip Code 85260
Description Domain Name Registration			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$157.69
Name of Worker/Consultant Cary Prague	Date of Payment 09/22/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1436	Amount
Secondary Payee Averys Beverages	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 520 Corbin Ave	City New Britain	State CT	Zip Code 06052
Description Strawberry Soda			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$16.95

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Teri Dickey-Gaignat	Date of Payment 09/23/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1438	Amount
Secondary Payee Office Depot	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 49 Pavilion Dr	City Manchester	State CT	Zip Code 06040
Description Ink for printer			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$217.27
Name of Worker/Consultant Teri Dickey-Gaignat	Date of Payment 09/23/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1438	Amount
Secondary Payee Petersens Hardware Inc	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 850 Sullivan Ave	City South Windsor	State CT	Zip Code 06074
Description White marking paint for crafter spaces			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$279.34

### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
South Windsor Republican Town Committee	Original 10/11/2011

#### T. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Teri Dickey-Gaignat	Date of Payment 09/23/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1438	Amount
Secondary Payee US Postal Store	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 850 Clark St	City South Windsor	State CT	Zip Code 06074
Description stamps			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$44.00
Name of Worker/Consultant Teri Dickey-Gaignat	Date of Payment 09/23/2011	Method of Payment <input checked="" type="checkbox"/> Check # 1438	Amount
Secondary Payee Teri Dickey-Gaignat	Purpose of Expenditure FNDR	<input type="checkbox"/> Debit Card	
Street Address 30 Devonshire Dr	City South Windsor	State CT	Zip Code 06074
Description Various color papers and envelopes			
Type of Expenditure (if applicable) <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	Other Candidate(s) Name	Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$38.15
<b>Total of Section T</b>			<b>\$1,165.67</b>