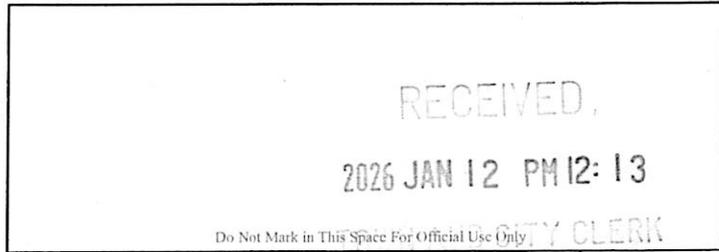


SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015



COVER PAGE

1. NAME OF COMMITTEE

CAGG4BRISTOL

2. TREASURER NAME

| | | | |
|-----------------|----|------------------|--------|
| First Daniel | MI | Last Therault | Suffix |
|-----------------|----|------------------|--------|

3. TREASURER ADDRESS

| | | | |
|-----------------------------------|-----------------------|-------------|-------------------|
| Street Address 601 Fern Street | City West Hartford | State CT | Zip Code 06107 |
|-----------------------------------|-----------------------|-------------|-------------------|

4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)
11/04/2025

5. OFFICE SOUGHT (Complete only if Candidate Committee)

Mayor

6. DISTRICT NUMBER

(if applicable)

7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

| | | | |
|------------------|---------|------------------|--------|
| First Jeffrey | MI J | Last Caggiano | Suffix |
|------------------|---------|------------------|--------|

8. TYPE OF REPORT (Check One Box)

- | | | | |
|---|---|--|--|
| <input checked="" type="radio"/> January 10 filing | <input type="radio"/> 7th day preceding primary | <input type="radio"/> 7th day preceding referendum | <input type="radio"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input type="radio"/> April 10 filing | <input type="radio"/> 30 days following primary | <input type="radio"/> 45 days following referendum | <input type="radio"/> Amendment to |
| <input type="radio"/> July 10 filing | <input type="radio"/> 7th day preceding election | <input type="radio"/> Deficit | Type of Report: _____ |
| <input type="radio"/> October 10 filing | <input type="radio"/> 12th day preceding election (State Central Committees Only) | <input checked="" type="radio"/> Termination | |
| <input type="radio"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election | <input type="radio"/> 45 days following election not held in November | | |

9. PERIOD COVERED

| | |
|----------------|-----------------|
| Beginning Date | Ending Date |
| 10/27/2025 | thru 12/31/2025 |

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete.

D. Therault
TREASURER OR DEPUTY TREASURER (SIGNATURE)

Daniel Therault
PRINT NAME OF SIGNER

1/10/2026
DATE (mm/dd/yyyy)

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.

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT | |
|---|---------------------------------|-----------------------|
| CAGG4BRISTOL | January 10 Filing (Termination) | |
| | 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 | | 0 |
| 12. Balance on hand at the beginning of Reporting Period | 11,817.77 | |
| 13. Contributions Received from Individuals (Sections A and B) | 235.00 | 65,780.43 |
| 14. Receipts from Other Committees (Sections C1 and C2) | 0 | 1,500.00 |
| 15. Other Monetary Receipts (Sections D through K) | 0 | 26.35 |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | 0 | 0 |
| 16b. <i>Per Public Act 11-48, effective January 1, 2012 Section L2. removed</i> | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | 0 | 0 |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 235.00 | 67,306.78 |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 12,052.77 | 67,306.78 |
| 19. Expenses Paid by Committee (Section P) | 12,052.77 | 67,306.78 |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 0 | 0 |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | 1,700.00 |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 0 | 0 |
| 23. In-Kind Contributions Received (Section M) | 0 | 319.27 |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | 0 |
| 25. Loan Balance | 0 | |
| 25a. + Loans Received (Section D) | 0 | 0 |
| 25b. + Interest and Penalties on Loan | 0 | 0 |
| 25c. - Payments on Loan | 0 | 0 |
| 25d. Total Outstanding Loan Amount | 0 | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | 1,395.08 |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 0 | 0 |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 0 | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 0 | |

I. MONETARY RECEIPTS (Sections A—K)

| | | | | | |
|---|--|--|--|---|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | | January 10 Filing (Termination) | |
| A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) | | | | SUBTOTAL SECTION A | |
| | | | | \$ 26.35 | |
| B. Itemized Contributions from Individuals | | | | | |
| Last Name Healy | | First Christopher | | MI C | |
| Residential Street Address 27 Dorchester Road | | City Wethersfield | | State CT | Zip Code 06109 |
| Principal Occupation Executive Director | | Name of Employer CT Catholic Conference | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="radio"/> Yes <input type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution 208.65 (Ref 32.19) | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input checked="" type="radio"/> Yes <input type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input checked="" type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received 11/3/2025 | | Aggregate Contributions 1,000.00 | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received | | Aggregate Contributions | |
| Last Name | | First | | MI | |
| Residential Street Address | | City | | State | Zip Code |
| Principal Occupation | | Name of Employer | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | Amount of Contribution | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # _____ <input type="radio"/> Yes <input checked="" type="radio"/> No | | Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input checked="" type="radio"/> Legislative <input type="radio"/> Yes <input checked="" type="radio"/> No | | | |
| Method of Contribution: <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card <input type="radio"/> Payroll Deduction <input type="radio"/> Money Order | | Date Received | | Aggregate Contributions | |
| SUBTOTAL Section B — This Page | | | | 235.00 | |
| TOTAL of additional Section B Pages | | | | 0 | |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals) | | | | 235.00 | |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| CAGG4BRISTOL | January 10 Filing (Termination) |

C1. Contributions from Other Committees

| | | | | | |
|-------------------|-------|----------|--|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | Amount of Contribution |
| | | | <i>If yes, list Event # _____</i> | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|----------|--|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | Amount of Contribution |
| | | | <i>If yes, list Event # _____</i> | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

| | | | | | |
|-------------------|-------|----------|--|-------------------------|------------------------|
| Name of Committee | | | | Name of Treasurer | |
| Address | | | Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input type="radio"/> No | | Amount of Contribution |
| | | | <i>If yes, list Event # _____</i> | | |
| City | State | Zip Code | Date Received | Aggregate Contributions | |

C2. Reimbursements or Surplus Distributions from other Committees

| | | | | | |
|-------------------|--------------------------------------|---|------|-------------------|-------------------|
| Name of Committee | | | | Name of Treasurer | |
| Address | | | City | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type | | | Amount of Receipt |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | |
| Description | | | | | |

| | | | | | |
|-------------------|--------------------------------------|---|------|-------------------|-------------------|
| Name of Committee | | | | Name of Treasurer | |
| Address | | | City | State | Zip Code |
| Date Received | Expenditure # <i>(if applicable)</i> | Payment Type | | | Amount of Receipt |
| | | <input type="radio"/> Reimbursement for shared expense <input type="radio"/> Surplus Distribution | | | |
| Description | | | | | |

| | |
|---|---|
| SUBTOTAL Section C — This Page | 0 |
| TOTAL of additional Section C Pages | 0 |
| TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS <i>(Sections C1 + C2) (Enter total on Line 14, Column A of Summary Page Totals)</i> | 0 |

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| CAGG4BRISTOL | January 10 Filing (Termination) |

D. Loans Received this Period

| | | | | |
|---|------|--|----------|--|
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |
| Name of Lender | | Source of Loan: <input type="radio"/> Bank <input type="radio"/> Candidate <input type="radio"/> Individual <input type="radio"/> Other Committee | | Date of Receipt |
| Street Address | City | State | Zip Code | Is there a Cosigner or Guarantor of this loan? <input type="radio"/> Yes <input type="radio"/> No |
| Name of Cosigner/Guarantor <i>(if applicable)</i> | | | | Amount Received |
| Street Address | City | State | Zip Code | |

| | |
|------------------------|---|
| TOTAL SECTION D | 0 |
|------------------------|---|

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 | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| Name of Entity | | | | |
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |

| | |
|------------------------|---|
| TOTAL SECTION E | 0 |
|------------------------|---|

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| CAGG4BRISTOL | January 10 Filing (Termination) |

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? | <input type="radio"/> Yes <i>If yes, list Event #</i> <input type="radio"/> No | Amount |
|-----------------|--|---|--------|
| | | | |
| | | | |
| | | | |
| | | | |

| | |
|------------------------|---|
| TOTAL SECTION F | 0 |
|------------------------|---|

G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)

| Date of Receipt | Date of Receipt | Date of Receipt |
|-----------------|-----------------|-----------------|
| | | |
| Amount | Amount | Amount |

| | |
|------------------------|---|
| TOTAL SECTION G | 0 |
|------------------------|---|

H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

| Date of Receipt | Method of payment: | Amount |
|-----------------|---|--------|
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |
| | <input type="radio"/> Cash <input type="radio"/> Personal Check <input type="radio"/> Credit/Debit Card | |

| | |
|------------------------|---|
| TOTAL SECTION H | 0 |
|------------------------|---|

I. Anonymous Contributions

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

I. MONETARY RECEIPTS (Sections A—K)

| | |
|---|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| CAGG4BRISTOL | January 10 Filing (Termination) |

J. Interest from Deposits in Authorized Accounts

| Name of Institution | Date Received | Amount | |
|---------------------|---------------|--------|----------|
| Street Address | City | State | Zip Code |
| Name of Institution | Date Received | Amount | |
| Street Address | City | State | Zip Code |

TOTAL SECTION J 0

K. Miscellaneous Monetary Receipts not Considered Contributions

| | | | |
|----------------|---------------------|-----------------|----------|
| Name | Date of Transaction | Amount Received | |
| Street Address | City | State | Zip Code |
| Description | | | |
| Name | Date of Transaction | Amount Received | |
| Street Address | City | State | Zip Code |
| Description | | | |
| Name | Date of Transaction | Amount Received | |
| Street Address | City | State | Zip Code |
| Description | | | |
| Name | Date of Transaction | Amount Received | |
| Street Address | City | State | Zip Code |
| Description | | | |

TOTAL SECTION K 0

SUMMARY OF OTHER MONETARY RECEIPTS (Sections D through K)

| | | |
|---|---|---|
| Total Loans Received this Period (Section D) | | 0 |
| Total Receipts from Entities other than Individuals or Other Committees (Section E) | + | 0 |
| Total Amount Transferred from Affiliated Business Treasury (Section F) | + | 0 |
| Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G) | + | 0 |
| Total Amount of Personal Funds of the Candidate Received this Period (Section H) | + | 0 |
| Total Amount of Interest from Deposits in Authorized Accounts (Section J) | + | 0 |
| Total Miscellaneous Monetary Receipts not Considered Contributions (Section K) | + | 0 |
| Total of Other Monetary Receipts | | 0 |
| <i>(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)</i> | | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | | |
|--|--------|-------------|---|----------|--|
| CAGG4BRISTOL | | | January 10 Filing (Termination) | | |
| L1. Event Information | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No | | |
| Location: Street Address | | City | State | Zip Code | |
| Subpart 1: (All Committees) | | | | | |
| Was this event hosted at a personal residence? | | | | | |
| <input type="radio"/> Yes <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> <input type="radio"/> No | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | | | |
| <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | | | |
| <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No | | | | | |
| 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="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No | | | | | |
| 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No | | | | | |
| Event # Date of Event | Letter | Description | Was this a fundraising event? <input type="radio"/> Yes <input type="radio"/> No | | |
| Location: Street Address | | City | State | Zip Code | |
| Subpart 1: (All Committees) | | | | | |
| Was this event hosted at a personal residence? | | | | | |
| <input type="radio"/> Yes <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> <input type="radio"/> No | | | | | |
| Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100? | | | | | |
| <input type="radio"/> Yes <i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i> <input type="radio"/> No | | | | | |
| Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | | | | | |
| <input type="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No | | | | | |
| 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="radio"/> Yes <i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i> <input type="radio"/> No | | | | | |
| 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="radio"/> Yes <i>(If yes, enter Total Receipts here.)</i> → \$ <input type="radio"/> No | | | | | |
| SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts from Sale of Donated Items — This Page | | | 0 | | |
| SUBTOTAL Section L1—Subpart 3 (Town Committees ONLY) Total Receipts from Food Purchases — This Page | | | 0 | | |
| TOTAL of additional Section L1 Pages | | | 0 | | |
| TOTAL OF ALL RECEIPTS FROM SMALL PURCHASES <i>(Enter total on Line 16a, Column A of Summary Page Totals)</i> | | | 0 | | |

II. EVENT ACTIVITY (Sections L1—L5)

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

| | |
|---|---------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | TYPE OF REPORT |
| CAGG4BRISTOL | January 10 Filing (Termination) |

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

| | | | |
|-------------------|--|---|--|
| Name of Purchaser | | Purchase Made By: | |
| | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | | | |
|-------------------|--|---|--|
| Name of Purchaser | | Purchase Made By: | |
| | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | | | |
|-------------------|--|---|--|
| Name of Purchaser | | Purchase Made By: | |
| | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | | | |
|-------------------|--|---|--|
| Name of Purchaser | | Purchase Made By: | |
| | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | | | |
|-------------------|--|---|--|
| Name of Purchaser | | Purchase Made By: | |
| | | <input type="radio"/> Business Entity <input type="radio"/> Other <input type="radio"/> 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 |
|---------------|---------|------------------------------------|-------------------------------|-------------------------|

| | |
|---|---|
| SUBTOTAL Section L3 Total Purchases of Advertising in Program Book — This Page | 0 |
|---|---|

| | |
|---|---|
| SUBTOTAL Section L3 Total Purchases of Advertising on a Sign — This Page | 0 |
|---|---|

| | |
|---|---|
| TOTAL of additional Section L3 Pages | 0 |
|---|---|

| | |
|--|---|
| TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK or ON A SIGN <i>(Enter total on Line 16c, Column A of Summary Page Totals)</i> | 0 |
|--|---|

II. EVENT ACTIVITY (Sections L1—L5)

| | | | | |
|--|-------------------------|---------|---------------------------------|-------------------------------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | January 10 Filing (Termination) | |
| L4. In-Kind Donations Not Considered Contributions | | | | |
| Name of Donor | | | | |
| Street Address | | City | | State |
| Zip Code | | | | |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity | | | | |
| <input type="radio"/> Individual | | | | |
| <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | |
| Name of Donor | | | | |
| Street Address | | City | | State |
| Zip Code | | | | |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity | | | | |
| <input type="radio"/> Individual | | | | |
| <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | |
| Name of Donor | | | | |
| Street Address | | City | | State |
| Zip Code | | | | |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity | | | | |
| <input type="radio"/> Individual | | | | |
| <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate Value for this Event | |
| Name of Donor | | | | |
| Street Address | | City | | State |
| Zip Code | | | | |
| Donation Given By: | Description of Donation | | | Fair Market Value of Donation |
| <input type="radio"/> Business Entity | | | | |
| <input type="radio"/> Individual | | | | |
| <input type="radio"/> Sole Proprietorship | Date Received | Event # | Aggregate value for this Event | |
| Name of Donor | | | | |
| Street Address | | City | | State |
| Zip Code | | | | |
| SUBTOTAL Section L4 — This Page | | | 0 | |
| TOTAL of additional Section L4 Pages | | | 0 | |
| TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS <i>(Enter total on Line 21, Column A of Summary Page Totals)</i> | | | 0 | |

III. NONMONETARY RECEIPTS (Sections M—O)

| | | | | | | | |
|--|--|---|-------------------------|-------------------------------------|--|---|-------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | | | | January 10 Filing (Termination) | |
| M. In-Kind Contributions | | | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | | |
| Name | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| Type of contributor: <input type="radio"/> Committee <input checked="" type="radio"/> Individual / Sole Proprietorship <input type="radio"/> Other | | Date Received | Aggregate Contributions | Description of In-Kind Contribution | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="radio"/> Yes <input checked="" type="radio"/> No | | If contribution is in excess of \$400 to a candidate 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 \$5,000? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section L1? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, list Event # _____</i> | | Is contributor a principal of a state contractor or prospective state contractor? <input type="radio"/> Yes <input checked="" type="radio"/> No <i>If yes, indicate which branch or branches of government the contract is with: <input type="radio"/> Executive <input type="radio"/> Legislative</i> | | | | | |
| SUBTOTAL Section M — This Page | | | | | | 0 | |
| TOTAL of additional Section M Pages | | | | | | 0 | |
| TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 23, Column A of Summary Page Totals) | | | | | | 0 | |
| N. Refundable Deposit to Telephone Company | | | | | | | |
| Last Name of Individual | | | | First | | MI | Date Deposit Made |
| Residential Street Address | | | | City | | State | Zip Code |
| Amount of Deposit | | | | | | | |
| | | | | | | | |
| Street Address | | | | City | | State | Zip Code |
| TOTAL SECTION N (Enter total on Line 24, Column A of Summary Page Totals) | | | | | | 0 | |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|---|--------------|-----------------|--|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | | January 10 Filing (Termination) | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Anedot | | | Various | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 1340 Poydras Street, Suite 1770 | | New Orleans | | LA | 70112 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| WEB | Fees for processing debit and credit card contributions | | | 22.53 | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Thomaston Savings Bank | | | Various | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input checked="" type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 203 Main Street, PO Box 907 | | Thomaston | | CT | 06787 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| BNK | Paper Statement fees (Oct, Nov and Dec) | | | 15.00 | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Christopher Healy | | | 11/30/2025 | <input checked="" type="radio"/> Check # <u>1181</u> <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 27 Dorchester Road | | Wethersfield | | CT | 06109 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| REF | Refund contribution over limit | | | 32.19 | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | Method of Payment: | |
| Dream Team LLC | | | 12/31/2025 | <input checked="" type="radio"/> Check # <u>1182</u> <input type="radio"/> Debit Card <input type="radio"/> EFT | |
| Street Address | | City | | State | Zip Code |
| 2389 Main Street, Suite 100 | | Glastonbury | | CT | 06033 |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| ATM | Digital Advertising and Text Messaging | | | 11,972.11 | |
| Expenditure # <i>(if applicable)</i> | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input checked="" type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | 12,041.83 | | |
| TOTAL of additional Section P Pages | | | 10.94 | | |
| TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i> | | | 12,052.77 | | |

IV. EXPENDITURES (Sections P—T)

| | | | |
|--|-------------|---------------------------------|---|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | TYPE OF REPORT | |
| CAGG4BRISTOL | | January 10 Filing (Termination) | |
| Q. Campaign Expenses Paid by Candidate | | | |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| Name of Payee <i>(Name of Vendor, Person or Entity who candidate paid directly)</i> | | Date of Payment | Is reimbursement claimed? <input type="radio"/> Yes <input type="radio"/> No |
| Street Address | | City | State Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | Amount |
| SUBTOTAL Section Q — This Page | | | 0 |
| TOTAL of additional Section Q Pages | | | 0 |
| TOTAL OF ALL EXPENSES PAID BY CANDIDATE <i>(Enter total on Line 26, Column A of Summary Page Totals)</i> | | | 0 |

IV. EXPENDITURES (Sections P—T)

| | | | | | |
|--|--|---------|---|---------------------------------|----------|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | | January 10 Filing (Termination) | |
| R. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> Discover <input type="radio"/> American Express <input type="radio"/> Other: | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Vendor, Person or Entity | | | | Date of Transaction | |
| Street Address | | City | | State | Zip Code |
| Purpose of Expenditure (by code) | Description | Event # | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum R Required unless "None of the below" is checked)</i> <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section R — This Page | | | | 0 | |
| TOTAL of additional Section R Pages | | | | 0 | |
| TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 27, Column A of Summary Page Totals)</i> | | | | 0 | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | | | | TYPE OF REPORT | | | |
|--|---|-------|---------|--|---|----------|--|
| CAGG4BRISTOL | | | | January 10 Filing (Termination) | | | |
| T. Itemization of Reimbursements and Secondary Payees | | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT | | | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | City | | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT | | | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | City | | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT | | | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | City | | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| Last Name of Worker/Consultant | | First | | MI | Date of Payment to Vendor, Person or Entity | | |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | Payment to Reimburse Committee Worker/Consultant as reported in Section P: <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT | | | |
| Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | City | | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) <input type="radio"/> None of the below <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | | | |
| SUBTOTAL Section T — This Page | | | | 0 | | | |
| TOTAL of additional Section T Pages | | | | 0 | | | |
| TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS | | | | 0 | | | |

Section P. ADDITIONAL PAGE 1 of 1

| | | | | | |
|---|---|---------|-----------------|---------------------------------|--|
| NAME OF COMMITTEE <i>(Provide Complete Name as Registered with Filing Repository)</i> | | | | TYPE OF REPORT | |
| CAGG4BRISTOL | | | | January 10 Filing (Termination) | |
| P. Expenses Paid by Committee | | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| Bristol Republican Town Committee | | | 12/31/2025 | | <input checked="" type="radio"/> Check # <u>1183</u> <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| 53 North Street, PO Box 1893 | | Bristol | | CT | 06011 |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| CNTRB | Contribution | | | | 10.94 |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input checked="" type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| | | | | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| | | | | | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| | | | | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| | | | | | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| Name of Payee | | | Date of Payment | | Method of Payment: |
| | | | | | <input type="radio"/> Check # _____ <input type="radio"/> Debit Card <input type="radio"/> EFT |
| Street Address | | City | | State | Zip Code |
| | | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount |
| | | | | | |
| Expenditure # (if applicable) | Type of Expenditure <i>(Itemization in Addendum P Required unless "None of the below" is checked)</i> | | | | |
| | <input type="radio"/> None of the below (does not involve another candidate or committee) <input type="radio"/> Coordinated with reimbursement sought (joint expenditure) <input type="radio"/> Independent <input type="radio"/> Coordinated without reimbursement sought (in-kind contribution) <input type="radio"/> Organization <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D | | | | |
| SUBTOTAL Section P — This Page | | | | 10.94 | |