

**SEEC FORM 20SC**

Itemized Campaign Finance Disclosure Statement  
 State-Only and Compliant Accounts for State Central Committees  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised October 2016



Electronic Filing

Do Not Mark in This Space For Official Use Only

**COVER PAGE**

1. NAME OF COMMITTEE			
<b>Democratic State Central Committee</b>			
2. TREASURER NAME			
First	MI	Last	Suffix
<b>Immacula</b>	<b>Johanne</b>	<b>Cann</b>	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>234 Klondike St</b>	<b>Stratford</b>	<b>CT</b>	<b>06614</b>
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)			
8. TYPE OF REPORT			
<b>April 10 Filing - Original</b>			
9. PERIOD COVERED			
	Beginning Date	Ending Date	
	<b>01/01/2026</b>	thru <b>03/31/2026</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>Immacula Cann</b>	<b>04/10/2026 10:00:18AM</b>	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<p><b>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.</b></p>			

**SEEC FORM 20 SC**Itemized Campaign Finance Disclosure Statement State - Only and Compliant Accounts for State Central Committees  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised October 2016

**SUMMARY PAGE TOTALS : ALL ACCOUNTS**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Democratic State Central Committee</b>	<b>April 10 Filing - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
11. Balance on hand January 1 of current year in All Accounts (Line 29 Column B + Line 47 Column B)		<b>\$163,275.21</b>
12. Balance on hand at the beginning of Reporting Period (Line 30 Column A + Line 48 Column A )	<b>\$163,275.21</b>	
13. Contributions received from Individuals (Lines 31 + 49 in Columns A & B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
14. Receipts from Other Committees (Lines 32 + 50 in Columns A & B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
15. Other Monetary Receipts (Lines 33 + 51 in Columns A&B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
16a. Total Proceeds from Small Purchases (Lines 34a + 52a in Columns A & B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Lines 34c + 52 c in Columns A&B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
17. Total Monetary Receipts (add totals for lines 13 through 16c)	<b>\$0.00</b>	<b>\$0.00</b>
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	<b>\$163,275.21</b>	<b>\$163,275.21</b>
19. Expenses Paid by Committee (Lines 37 + 55 in Columns A&B respectively)	<b>\$16,476.07</b>	<b>\$16,476.07</b>
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	<b>\$146,799.14</b>	<b>\$146,799.14</b>
21. In-Kind Donations not Considered Contributions Received (Lines 39 + 57 in Columns A&B )	<b>\$0.00</b>	<b>\$0.00</b>
22. In-Kind Donations not Considered Contributions - House Party (Lines 40 + 58 in Columns A&B )	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Lines 41 + 59 in Columns A&B respectively)	<b>\$0.00</b>	<b>\$0.00</b>
24. Refundable Deposit to Telephone Company (Lines 42 + 60 in Columns A & B respectively )	<b>\$0.00</b>	<b>\$0.00</b>
25. Loan Balance	<b>\$0.00</b>	
25a. + Loans Received (Line 43a + Line 61a in Columns A & B respectively)	<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	<b>\$0.00</b>	<b>\$0.00</b>
25d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Line 45 + Line 63 in Columns A&B)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred by Committee During this Period but Not Paid (Line 46 + 64 in Col umn A )	<b>\$0.00</b>	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Line 46Aa+ 64a in column A)	<b>\$0.00</b>	



**SEEC FORM 20 SC**Itemized Campaign Finance Disclosure Statement State - Only and Compliant Accounts for State Central Committees  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised October 2016

**SUMMARY PAGE TOTALS : STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Democratic State Central Committee</b>	<b>April 10 Filing - Original</b>	
	COLUMN A This Period	COLUMN B Aggregate
29. Balance on hand January 1 of current year State - Only Account		<b>\$61,568.26</b>
30. Balance on hand at the beginning of Reporting Period of State - Only Account	<b>\$61,568.26</b>	
31. Contributions received from Individuals (Sections A and B of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
32. Receipts from Other Committees (Sections C1 and C2 of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
33. Other Monetary Receipts (Sections D through K of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
34a. Total Proceeds from Small Purchases (Section L1 Subpart 1 of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
34b. Per Public Act 11-48, effective January 1, 2012 Section L2 removed		
34c. Total Purchases of Advertising - Program Book or Sign (Section L3 of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
35. Total Monetary Receipts (add totals for lines 31 through 34c)	<b>\$0.00</b>	<b>\$0.00</b>
36. Subtotals (add totals in Line 30+ 35 in Column A and in Line 29 + 35 in Column B)	<b>\$61,568.26</b>	<b>\$61,568.26</b>
37. Expenses Paid by Committee (Section P of State - Only Account)	<b>\$6,284.79</b>	<b>\$6,284.79</b>
38. Balance on hand at close of Reporting Period (Subtract line 37 from Line 36 in both columns)	<b>\$55,283.47</b>	<b>\$55,283.47</b>
39. In-Kind Donations not Considered Contributions Received (Section L4 of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
40. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
41. In-Kind Contributions Received (Section M of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
42. Refundable Deposit to Telephone Company (Section N of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
43. Loan Balance	<b>\$0.00</b>	
43a. + Loans Received (Section D of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
43b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
43c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
43d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)		
45. Expenses Incurred on Committee Credit Card (Section R of State - Only Account)	<b>\$0.00</b>	<b>\$0.00</b>
46. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
46a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**I. MONETARY RECEIPTS (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor - State - Only Account)***Subtotal Section A****B. Itemized Contributions from Individuals - State - Only Account**

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
Cash	Personal Check	Credit/Debit Card	Payroll Deduction	Money Order
<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 31 of Summary Page)</i>				

**I. MONETARY RECEIPTS (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**C1. Contributions from Other Committees - State - Only Account**

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1?		Amount of Contribution
City		State	Zip Code	
If yes, list Event #		Date Received	Aggregate Contributions	
<b>Total of Section C1</b>				

**I. MONETARY RECEIPTS (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE				TYPE OF REPORT	
Democratic State Central Committee				April 10 Filing - Original	
<b>C2. Reimbursements from other Committees - State - Only Account</b>					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type		
			Reimbursement for shared expense Surplus Distribution		
Expenditure # (if applicable)	Description				
<b>Total of Section C2</b>					

**I. MONETARY RECEIPTS (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Democratic State Central Committee				April 10 Filing - Original	
<b>D. Loans Received this Period - State - Only Account</b>					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City		State	Zip Code
					Is there a cosigner or Guarantor of this loan?
					Yes      No
Name of Cosigner/Guarantor (if applicable)					<b>Amount Received</b>
Street Address		City		State	
<b>Total of Section D</b>					

**I. Monetary Receipts (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**J. Interest from Deposits in Authorized Accounts - State - Only Account**

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

**I. MONETARY RECEIPTS (Section A-K) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**K. Miscellaneous Monetary Receipts not Considered Contributions - State - Only Account**

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section K</b>				

## II. EVENT ACTIVITY (Sections L1 - L5) - STATE ONLY ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT	
Democratic State Central Committee			April 10 Filing - Original	
<b>L1. Event Information - State - Only Account</b>				
Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	No
Location: Street Address		City	State	Zip Code
<i>Subpart 1: (All Committees)</i>				
Was this event hosted at a personal residence?		Yes No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes No	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	<i>(If yes, enter Total Receipts here.)</i>	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>				
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
<b>Total of Section L1</b>				

## II. EVENT ACTIVITY (Sections L1 - L5) - STATE -ONLY ACCOUNT

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

**II. EVENT ACTIVITY (Sections L1 - L5) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**L4. In-Kind Donations Not Considered Contributions - State - Only Account**

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
<b>Total of Section L4</b>					

**II. EVENT ACTIVITY (Sections L1 - L5) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**L5. In-Kind Donations Not Considered Contributions Associated with a House Party - State - Only Account**

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

**Total of Section L5**

**III. NONMONETARY RECEIPTS (Sections M - O) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>M. In-Kind Contributions - State - Only Account</b>	

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

<b>Total of Section M</b>
---------------------------

**III. Non Monetary Receipts (Sections M - O) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>N. Refundable Deposit to Telephone Company - State - Only Account</b>	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
<b>Total of Section N</b>			

**IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - State - Only Account**

Name of Payee Paragon Solutions		Date of Payment 01/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Credit Card Processing Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$25.00
Name of Payee CT Compliance and Law Services LLC		Date of Payment 01/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 130		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) CNSLT	Description Legal and Compliance Services.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$2,000.00
Name of Payee Webster Bank		Date of Payment 01/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$74.85

**IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - State - Only Account**

Name of Payee Paragon Solutions		Date of Payment 02/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$25.00
Name of Payee Webster Bank		Date of Payment 02/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$67.85
Name of Payee CT Compliance and Law Services LLC		Date of Payment 02/26/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 130		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) CNSLT	Description Legal and Compliance Services.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$2,000.00

**IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - State - Only Account**

Name of Payee Paragon Solutions		Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$25.00
Name of Payee Webster Bank		Date of Payment 03/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$67.09
Name of Payee CT Compliance and Law Services LLC		Date of Payment 03/24/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address PO Box 130		City Guilford	State CT	Zip Code 06437
Purpose of Expenditure (by code) CNSLT	Description Legal and Compliance Services.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$2,000.00
<b>Total of Section P</b>			<b>\$6,284.79</b>	

**IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**R. Expenses Incurred on Committee Credit Card - State - Only Account**

Name of Issuing Institution	Type of Credit Card: Visa      Master Card      Discover      American Express Other
-----------------------------	--

Name of Vendor, Person or Entity	Date of Transaction		
Street Address	City	State	Zip Code

Purpose of Expenditure (by code)	Description	Event #
----------------------------------	-------------	---------

Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum R Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure)      Independent Coordinated without reimbursement sought (in-kind contribution)      Organization      A      B      C      D	Amount
-------------------------------	---	--------

<b>Total of Section R</b>
---------------------------

**IV. EXPENDITURES (Section P - T) STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**S. Expenses Incurred By Committee but Not Paid During this Period - State - Only Account**

Name of Creditor		Date Incurred	
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked)		Amount Incurred (Estimate or Actual)
	None of the below  Coordinated with reimbursement sought (joint expenditure)      Independent  Coordinated without reimbursement sought (in-kind contribution)      Organization :      A      B      C      D		
<b>Total of Section S</b>			

**IV. EXPENDITURES (Sections P - T) - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**T. Itemization of Reimbursements and Secondary Payees - State - Only Account**

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

**SEEC FORM 20 SC**Itemized Campaign Finance Disclosure Statement State - Only and Compliant Accounts for State Central Committees  
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised October 2016

**SUMMARY PAGE TOTALS : COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
<b>Democratic State Central Committee</b>	<b>April 10 Filing - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
47. Balance on hand January 1 of current year in Compliant Account		<b>\$101,706.95</b>
48. Balance on hand at the beginning of Reporting Period of Compliant Account	<b>\$101,706.95</b>	
49. Contributions received from Individuals (Sections A and B of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
50. Receipts from Other Committees (Sections C1 and C2 of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
51. Other Monetary Receipts (Sections D through K of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
52a. Total Proceeds from Small Purchases (Section L1 Subpart 1 of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
52b. Per Public Act 11-48, effective January 1, 2012 Section L2 removed		
52c. Total Purchases of Advertising - Program Book or Sign (Section L3 of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
53. Total Monetary Receipts (add totals for lines 49 through 52c)	<b>\$0.00</b>	<b>\$0.00</b>
54. Subtotals (add totals in Line 48+ 53 in Column A and in Line 47 + 53 in Column B)	<b>\$101,706.95</b>	<b>\$101,706.95</b>
55. Expenses Paid by Committee (Section P of Compliant Account)	<b>\$10,191.28</b>	<b>\$10,191.28</b>
56. Balance on hand at close of Reporting Period (Subtract line 55 from Line 54 in both columns)	<b>\$91,515.67</b>	<b>\$91,515.67</b>
57. In-Kind Donations not Considered Contributions Received (Section L4 of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
58. In-Kind Donations not Considered Contributions - House Party (Section L5)	<b>\$0.00</b>	<b>\$0.00</b>
59. In-Kind Contributions Received (Section M of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
60. Refundable Deposit to Telephone Company (Section N of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
61. Loan Balance	<b>\$0.00</b>	
61a. + Loans Received (Section D of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
61b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
61c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
61d. Total Outstanding Loan Amount	<b>\$0.00</b>	
26. Campaign Expenses Paid By Candidate (Section Q)		
63. Expenses Incurred on Committee Credit Card (Section R of Compliant Account)	<b>\$0.00</b>	<b>\$0.00</b>
64. Expenses Incurred by Committee During this Period but Not Paid (Section S)	<b>\$0.00</b>	
64a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	<b>\$0.00</b>	

**V. MONETARY RECEIPTS (Section A-K) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

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

*(See instructions for definition of Small Contributor - Compliant Account)*

**Subtotal Section A**

**B. Itemized Contributions from Individuals - Compliant Account**

Last Name		First Name		MI
Residential Street Address		City	State	Zip Code
Principal Occupation		Name of Employer		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes No	If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she associated with have a contract with said municipality valued at more than \$5000?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
Cash	Personal Check	Credit/Debit Card	Payroll Deduction	Money Order
<b>Total of Section B</b>				
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 49 of Summary Page)</i>				

**V. MONETARY RECEIPTS (Section A-K) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**C1. Contributions from Other Committees - Compliant Account**

Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section L1? If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	
				Aggregate Contributions
<b>Total of Section C1</b>				

### V. MONETARY RECEIPTS (Section A-K) - COMPLIANT ACCOUNT

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

#### C2. Reimbursements from other Committees - Compliant Account

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

### J. MONETARY RECEIPTS (Section A-K) - COMPLIANT ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

#### D. Loans Received this Period - Compliant Account

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

**V. Monetary Receipts (Section A-K) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**J. Interest from Deposits in Authorized Accounts - Compliant Account**

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
<b>Total of Section J</b>				

**V. MONETARY RECEIPTS (Section A-K) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**K. Miscellaneous Monetary Receipts not Considered Contributions - Compliant Account**

Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
<b>Total of Section K</b>				

### VI. EVENT ACTIVITY (Sections L1 - L5) - COMPLIANT ACCOUNT

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Democratic State Central Committee		April 10 Filing - Original	
<b>L1. Event Information - Compliant Account</b>			
Event # Date of Event	Letter	Description	Was this a fundraising event?  Yes                      No
Location: Street Address		City	State              Zip Code
<i>Subpart 1: (All Committees)</i>			
Was this event hosted at a personal residence?		<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>	
		Yes                      No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		Yes                      No	
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		<i>(If yes, enter Total Receipts here.)</i>	
		Yes                      No	
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i>			
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		Yes                      No	
<b>Total of Section L1</b>			

### VI. EVENT ACTIVITY (Sections L1 - L5) - COMPLIANT ACCOUNT

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

**VI. EVENT ACTIVITY (Sections L1 - L5) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>L4. In-Kind Donations Not Considered Contributions - Compliant Account</b>	

Name of the Donor					
Street Address			City	State	Zip Code
Donation Given by:	Description of Donation			Fair Market Value of Donation	
Business Entity					
Individual	Date Received	Event #	Aggregate value for this event		
Sole Proprietorship					
<b>Total of Section L4</b>					

**VLEVENT ACTIVITY (Sections L1 - L5) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>L5. In-Kind Donations Not Considered Contributions Associated with a House Party - Compliant Account</b>	

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

**VII. NONMONETARY RECEIPTS (Sections M - O) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**M. In-Kind Contributions - Compliant Account**

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

**Total of Section M**

**VII. Non Monetary Receipts (Sections M - O) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**N. Refundable Deposit to Telephone Company - Compliant Account**

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

**Total of Section N**

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee Paragon Solutions		Date of Payment 01/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Credit Card Processing Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$25.00
Name of Payee DSCC - Federal		Date of Payment 01/05/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 750 Main St Ste 1108-3		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) Misc *	Description Transfer to Regular DSCC Federal Account			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$31.63
Name of Payee Webster Bank		Date of Payment 01/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$6.43

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee Paragon Solutions		Date of Payment 02/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Credit Card Processing Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$25.00
Name of Payee Switchboard		Date of Payment 02/05/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2010 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036-1023
Purpose of Expenditure (by code) A-OTH	Description GOTV Text Messages Supporting Christine Vitale			Event #
Expenditure # (if applicable) 611533	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$541.14
Name of Payee Switchboard		Date of Payment 02/05/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2010 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036-1023
Purpose of Expenditure (by code) A-OTH	Description SMS Text Messaging Supporting Iris Sanchez			Event #
Expenditure # (if applicable) 611534	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)			Amount
	<input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			\$14.06

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee Switchboard		Date of Payment 02/05/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2010 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036-1023
Purpose of Expenditure (by code) A-OTH	Description SMS Text Messaging Supporting Larry Pemberton Jr.			Event #
Expenditure # (if applicable) 611536	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$78.43
Name of Payee Webster Bank		Date of Payment 02/23/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code) BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$6.32
Name of Payee Paragon Solutions		Date of Payment 03/02/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2141 E Broadway Rd Ste 202		City Tempe	State AZ	Zip Code 85282
Purpose of Expenditure (by code) BNK	Description Credit Card Processing Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$25.00

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee Switchboard		Date of Payment 03/09/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2010 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036-1023
Purpose of Expenditure (by code) A-OTH	Description SMS Text Messaging Supporting Christine Vitale			Event #
Expenditure # (if applicable) 611555	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$220.19
Name of Payee Switchboard		Date of Payment 03/09/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2010 Massachusetts Ave NW		City Washington	State DC	Zip Code 20036-1023
Purpose of Expenditure (by code) A-OTH	Description SMS Text Messaging Promoting DSCC Event (No Candidates)			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$129.62
Name of Payee DSCC - Federal		Date of Payment 03/18/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 750 Main St Ste 1108-3		City Hartford	State CT	Zip Code 06103
Purpose of Expenditure (by code) WAGE	Description Transfer to Regular Federal Account - Staff Wages for Ian Clarke			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount \$3,519.14

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee ADP		Date of Payment 03/19/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code)  WAGE	Description Payroll Taxes.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$1,850.68
Name of Payee Webster Bank		Date of Payment 03/20/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 200 Elm St .		City Stamford	State CT	Zip Code 06901
Purpose of Expenditure (by code)  BNK	Description Bank Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$7.66
Name of Payee ADP		Date of Payment 03/27/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 225 2nd Ave		City Waltham	State MA	Zip Code 02451-1122
Purpose of Expenditure (by code)  Misc *	Description Payroll Processing Fees.			Event #
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$137.85

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT - ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Compliant Account**

Name of Payee Ian Clarke		Date of Payment 03/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 2 Tunes Brook Dr .		City Brick	State NJ	Zip Code 08723
Purpose of Expenditure (by code)  WAGE	Description Salary.			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$2,485.34
Name of Payee ADP		Date of Payment 03/30/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1 Adp Blvd .		City Roseland	State NJ	Zip Code 07068
Purpose of Expenditure (by code)  WAGE	Description Payroll Taxes			Event #
Expenditure # (if applicable)	Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) <input checked="" type="checkbox"/> None of the below <input type="checkbox"/> Coordinated with reimbursement sought (joint expenditure) <input type="checkbox"/> Independent <input type="checkbox"/> Coordinated without reimbursement sought (in-kind contribution) <input type="checkbox"/> Organization <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			Amount  \$1,087.79
<b>Total of Section P</b>			<b>\$10,191.28</b>	



**VIII. EXPENDITURES (Sections P - T) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>S. Expenses Incurred By Committee but Not Paid During this Period - Compliant Account</b>	

Name of Creditor		Date Incurred	
Street Address		City	State      Zip Code
Purpose of Expenditure (by code)	Description		Event #
Expenditure# (if applicable)	Type of Expenditure ( <i>Itemization in Addendum S Required unless "None of the below" is checked</i> )		Amount Incurred (Estimate or Actual)
	None of the below		
	Coordinated with reimbursement sought (joint expenditure)	Independent	
	Coordinated without reimbursement sought (in-kind contribution)	Organization :      A      B      C      D	
<b>Total of Section S</b>			

**VIII. EXPENDITURES (Sections P - T) - COMPLIANT ACCOUNT**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original
<b>T. Itemization of Reimbursements and Secondary Payees - Compliant Account</b>	

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

**Section L5. ADDENDUM - STATE -ONLY ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT
<b>L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>		
<b>Event #</b>		
Name of Candidate or Committee		

**Section P. ADDENDUM - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT	
<b>P. Expenses Paid By Committee - Addendum</b>			
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	

**Section R. ADDENDUM - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card - Addendum</b>			
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>	<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee	

**Section S. ADDENDUM - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT
<b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>
		<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section T. ADDENDUM - STATE - ONLY ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT
<b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b>		
<b>Expenditure #</b>	<b>Supported</b>	<b>Opposed</b>
		<b>Amount of Expenditure</b>
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

**Section L5. ADDENDUM - COMPLIANT ACCOUNT**

NAME OF COMMITTEE		TYPE OF REPORT
<b>L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum</b>		
<b>Event #</b>		
Name of Candidate or Committee		

**Section P. ADDENDUM - COMPLIANT ACCOUNT**

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	April 10 Filing - Original

**P. Expenses Paid By Committee - Addendum**

<b>Expenditure #</b>  <b>611533</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$541.14</b>
Name of Candidate or Committee Christine Vitale	Office Sought (if applicable) First Selectman	Cost Allocated to Candidate or Committee \$541.14

<b>Expenditure #</b>  <b>611534</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$14.06</b>
Name of Candidate or Committee Iris Sanchez	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$14.06

<b>Expenditure #</b>  <b>611536</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$78.43</b>
Name of Candidate or Committee Larry Pemberton Jr.	Office Sought (if applicable) State Representative	Cost Allocated to Candidate or Committee \$78.43

<b>Expenditure #</b>  <b>611555</b>	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	<b>Amount of Expenditure</b>  <b>\$220.19</b>
Name of Candidate or Committee Christine Vitale	Office Sought (if applicable) First Selectman	Cost Allocated to Candidate or Committee \$220.19

<b>Section R. ADDENDUM - COMPLIANT ACCOUNT</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
<b>R. Expenses Incurred on Committee Credit Card - Addendum</b>		
Expenditure #	Supported      Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

<b>Section S. ADDENDUM - COMPLIANT ACCOUNT</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
<b>S. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>		
Expenditure #	Supported      Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

<b>Section T. ADDENDUM - COMPLIANT ACCOUNT</b>		
NAME OF COMMITTEE	TYPE OF REPORT	
<b>T. Itemization of Reimbursements and Secondary Payees - Addendum</b>		
Expenditure #	Supported      Opposed	Amount of Expenditure
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

