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

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COVER PAGE

1. NAME OF COMMITTEE

Democratic State Central Committee

2. TREASURER NAME

First	MI	Last	Suffix
Immacula	**Johanne**	**Cann**	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
234 Klondike St	**Stratford**	**CT**	**06614**

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

July 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

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.

Electronic Filing	**Immacula Cann**	**07/10/2026 9:22:40AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20 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	
Democratic State Central Committee	**July 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
11.Balance on hand January 1 of current year in All Accounts (Line 29 Column B + Line 47 Column B)		**$163,275.21**
12. Balance on hand at the beginning of Reporting Period (Line 30 Column A + Line 48 Column A)	**$146,799.14**	
13. Contributions received from Individuals (Lines 31 + 49 in Columns A & B respectively)	**$0.00**	**$0.00**
14. Receipts from Other Committees (Lines 32 + 50 in Columns A & B respectively)	**$7,750.00**	**$7,750.00**
15. Other Monetary Receipts (Lines 33 + 51 in Columns A&B respectively)	**$102,500.00**	**$102,500.00**
16a. Total Proceeds from Small Puchases (Lines 34a + 52a in Columns A & B respectively)	**$0.00**	**$0.00**
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed		
16c. Total Purchases of Advertising - Program Book or Sign (Lines 34c + 52 c in Columns A&B respectively)	**$0.00**	**$0.00**
17. Total Monetary Receipts (add totals for lines 13 through 16c)	**$110,250.00**	**$110,250.00**
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	**$257,049.14**	**$273,525.21**
19. Expenses Paid by Committee (Lines 37 + 55 in Columns A&B respectively)	**$86,047.54**	**$102,523.61**
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	**$171,001.60**	**$171,001.60**
21. In-Kind Donations not Considered Contributions Received (Lines 39 + 57 in Columns A&B)	**$0.00**	**$0.00**
22. In-Kind Donations not Considered Contributions - House Party (Lines 40 + 58 in Columns A&B)	**$0.00**	**$0.00**
23. In-Kind Contributions Received (Lines 41 + 59 in Columns A&B respectively)	**$0.00**	**$0.00**
24. Refundable Deposit to Telephone Company (Lines 42 + 60 in Columns A & B respectively)	**$0.00**	**$0.00**
25. Loan Balance	**$0.00**	
25a. + Loans Received (Line 43a + Line 61a in Columns A & B respectively)	**$0.00**	**$0.00**
25b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
25c. - Payments on Loan	**$0.00**	**$0.00**
25d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Line 45 + Line 63 in Columns A&B)	**$0.00**	**$0.00**
28. Expenses Incurred by Committee During this Period but Not Paid (Line 46 + 64 in Col umn A)	**$0.00**	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Line 46Aa+ 64a in column A)	**$0.00**	

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	
Democratic State Central Committee	**July 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
29.Balance on hand January 1 of current year State - Only Account		**$61,568.26**
30. Balance on hand at the beginning of Reporting Period of State - Only Account	**$55,283.47**	
31. Contributions received from Individuals (Sections A and B of State - Only Account)	**$0.00**	**$0.00**
32. Receipts from Other Committees (Sections C1 and C2 of State - Only Account)	**$7,750.00**	**$7,750.00**
33. Other Monetary Receipts (Sections D through K of State - Only Account)	**$57,500.00**	**$57,500.00**
34a. Total Proceeds from Small Puchases (Section L1 Subpart 1 of State - Only Account)	**$0.00**	**$0.00**
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)	**$0.00**	**$0.00**
35. Total Monetary Receipts (add totals for lines 31 through 34c)	**$65,250.00**	**$65,250.00**
36. Subtotals (add totals in Line 30+ 35 in Column A and in Line 29 + 35 in Column B)	**$120,533.47**	**$126,818.26**
37. Expenses Paid by Committee (Section P of State - Only Account)	**$63,274.76**	**$69,559.55**
38. Balance on hand at close of Reporting Period (Subtract line 37 from Line 36 in both columns)	**$57,258.71**	**$57,258.71**
39. In-Kind Donations not Considered Contributions Received (Sectin L4 of State - Only Account)	**$0.00**	**$0.00**
40. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
41. In-Kind Contributions Received (Section M of State - Only Account)	**$0.00**	**$0.00**
42. Refundable Deposit to Telephone Company (Section N of State - Only Account)	**$0.00**	**$0.00**
43. Loan Balance	**$0.00**	
43a. + Loans Received (Section D of State - Only Account)	**$0.00**	**$0.00**
43b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
43c. - Payments on Loan	**$0.00**	**$0.00**
43d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)		
45. Expenses Incurred on Committee Credit Card (Section R of State - Only Account)	**$0.00**	**$0.00**
46. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
46a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

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	July 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? Yes No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? Yes No

If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? Yes No

If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Method of Contribution

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

Date Received

Aggregate Contributions

Total of Section B

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 31 of Summary Page)*

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	July 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?	If yes, list Event #	City	State	Zip Code	Date Received	Aggregate Contributions	Amount of Contribution
Connecticut Laborers' Political League	Keith Brothers	PO Box 156	☐ Yes ☒ No		Pomfret	CT	06259-3211	06/12/2026	$2,500.00	$2,500.00
Firewall Fund	Timothy Birch	506 King St	☐ Yes ☒ No		Bristol	CT	06010	06/22/2026	$2,000.00	$2,000.00
Engage CT	Alan Shinbaum	PO Box 381	☐ Yes ☒ No		Westport	CT	06881-0381	06/22/2026	$2,000.00	$2,000.00
Bricklayers & Allied Craftworkers Local 1 PAC Fund	John Chandler	17 N Plains Industrial Rd	☐ Yes ☒ No		Wallingford	CT	06492	06/22/2026	$1,000.00	$1,000.00
Connecticut Blue Dogs	Mary B Maluccio	4 Krol Farm Rd	☐ Yes ☒ No		Rocky Hill	CT	06067	06/26/2026	$250.00	$250.00

Total of Section C1	**$7,750.00**

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

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

C2. Reimbursements from other Committees - State - Only 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			
			Total of Section C2	

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	July 10 Filing - Original

D. Loans Received this Period - State - Only Account

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

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	July 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	
			Total of Section J	

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

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

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

Name	Street Address	City	State	Zip Code	Date of Transaction	Description	Amount Received
Stephanie Thomas for CT	PO Box 381	Westport	CT	06881	05/04/2026	Offset Payment for State Convention Expenses	$3,500.00
Team Tong	505 King St Unit 9	Bristol	CT	06010	05/15/2026	Offset Payment for State Convention Expenses	$3,500.00
Eric Russell for Treasurer	1705 Capitol Ave .	Bridgeport	CT	06604	05/19/2026	Offset Payment for State Convention Expenses	$3,500.00
Josh for CT	124 Haverford St .	Hamden	CT	06517	06/22/2026	Offset Payment for State Convention Expenses	$7,000.00
Ned for CT	PO Box 457	Ridgefield	CT	06877	06/25/2026	Offset Payment for State Convention Expenses	$40,000.00
						Total of Section K	**$57,500.00**

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	July 10 Filing - Original

L1. Event Information - State - Only Account

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes / No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

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

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? Yes / No

(If yes, enter Total Receipts here.)

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? Yes / No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Total of Section L1	

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	July 10 Filing - Original

L3. Purchases of Advertising in a Program Book or on a Sign - State - Only Account

Name of Purchaser	Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

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

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Democratic State Central Committee	July 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				

Total of Section L4	

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	July 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	July 10 Filing - Original

M. In-Kind Contributions - State - Only Account

Name

Street Address | City | State | Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other

Date Received

Aggregate contributions

Description of In-Kind Contribution

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

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? Yes / No

If yes, indicate which branch or branches of government the contract is with: Executive / Legislative

Total of Section M	

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

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

N. Refundable Deposit to Telephone Company - State - Only Account

Last Name of Individual | First Name | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | Amount of Deposit

Name of Telephone company

Street Address | City | State | Zip Code

Total of Section N	

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

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

P. Expenses Paid By Committee - State - Only Account

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	04/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$25.00

Name of Payee	Date of Payment	Method of Payment
Webster Bank	04/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$66.36

Name of Payee	Date of Payment	Method of Payment
CT Compliance and Law Services LLC	04/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 130	Guilford	CT	06437

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Legal and Compliance Services; Reimbursement for Checks	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	July 10 Filing - Original

P. Expenses Paid By Committee - State - Only Account

Name of Payee	Date of Payment	Method of Payment
Webster Bank	05/21/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$66.58

Name of Payee	Date of Payment	Method of Payment
DSCC - Federal Account	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
750 Main St Ste 1108-3	Hartford	CT	06103

Purpose of Expenditure (by code)	Description	Event #
Misc *	Transfer to Regular Federal Account - State Convention Expenses	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$12,000.00

Name of Payee	Date of Payment	Method of Payment
CT Compliance and Law Services LLC	05/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 130	Guilford	CT	06437

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Legal and Compliance Services	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	July 10 Filing - Original

P. Expenses Paid By Committee - State - Only Account

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	06/02/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$25.00

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	06/04/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$25.00

Name of Payee	Date of Payment	Method of Payment
Webster Bank	06/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$66.82

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	July 10 Filing - Original

P. Expenses Paid By Committee - State - Only Account

Name of Payee	Date of Payment	Method of Payment
CT Compliance and Law Services LLC	06/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
PO Box 130	Guilford	CT	06437

Purpose of Expenditure (by code)	Description	Event #
CNSLT	Legal and Compliance Services	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below	$2,000.00
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	

Name of Payee	Date of Payment	Method of Payment
DSCC - Compliant Account	06/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
750 Main St Ste 1108-3	Hartford	CT	06103

Purpose of Expenditure (by code)	Description	Event #
Misc *	Transfer to Compliant (FEDERAL) Account for State Convention Expenses	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	☒ None of the below	$45,000.00
	☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent	
	☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D	

Total of Section P	**$63,274.76**

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	July 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)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

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	July 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		
		Total of Section S		

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	July 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 Addendem 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		
		Total of Section T		

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	
Democratic State Central Committee	**July 10 Filing - Original**	
	COLUMN A This Period	COLUMN B Aggregate
47.Balance on hand January 1 of current year in Compliant Account		**$101,706.95**
48. Balance on hand at the beginning of Reporting Period of Compliant Account	**$91,515.67**	
49. Contributions received from Individuals (Sections A and B of Compliant Account)	**$0.00**	**$0.00**
50. Receipts from Other Committees (Sections C1 and C2 of Compliant Account)	**$0.00**	**$0.00**
51. Other Monetary Receipts (Sections D through K of Compliant Account)	**$45,000.00**	**$45,000.00**
52a. Total Proceeds from Small Puchases (Section L1 Subpart 1 of Compliant Account)	**$0.00**	**$0.00**
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)	**$0.00**	**$0.00**
53. Total Monetary Receipts (add totals for lines 49 through 52c)	**$45,000.00**	**$45,000.00**
54. Subtotals (add totals in Line 48+ 53 in Column A and in Line 47 + 53 in Column B)	**$136,515.67**	**$146,706.95**
55. Expenses Paid by Committee (Section P of Compliant Account)	**$22,772.78**	**$32,964.06**
56. Balance on hand at close of Reporting Period (Subtract line 55 from Line 54 in both columns)	**$113,742.89**	**$113,742.89**
57. In-Kind Donations not Considered Contributions Received (Sectin L4 of Compliant Account)	**$0.00**	**$0.00**
58. In-Kind Donations not Considered Contributions - House Party (Section L5)	**$0.00**	**$0.00**
59. In-Kind Contributions Received (Section M of Compliant Account)	**$0.00**	**$0.00**
60. Refundable Deposit to Telephone Company (Section N of Compliant Account)	**$0.00**	**$0.00**
61. Loan Balance	**$0.00**	
61a. + Loans Received (Section D of Compliant Account)	**$0.00**	**$0.00**
61b. + Interest and Penalties on Loan(s)	**$0.00**	**$0.00**
61c. - Payments on Loan	**$0.00**	**$0.00**
61d. Total Outstanding Loan Amount	**$0.00**	
26. Campaign Expenses Paid By Candidate (Section Q)		
63. Expenses Incurred on Committee Credit Card (Section R of Compliant Account)	**$0.00**	**$0.00**
64. Expenses Incurred by Committee During this Period but Not Paid (Section S)	**$0.00**	
64a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	**$0.00**	

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	July 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? Yes No

Amount of Contribution

Is this contribution associated with an event reported in Section L1? Yes No

If yes, list Event #

Is contributor a principal of state contractor or prospective state contractor? Yes No

If yes, indicate which branch or branches of government the contract is with: Executive Legislative

Method of Contribution

Cash Personal Check Credit/Debit Card Payroll Deduction Money Order

Date Received

Aggregate Contributions

Total of Section B

TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) *(Total on Line 49 of Summary Page)*

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	July 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? Yes No If yes, list Event #	Amount of Contribution

City	State	Zip Code	Date Received	Aggregate Contributions

Total of Section C1

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

NAME OF COMMITTEE	TYPE OF REPORT
Democratic State Central Committee	July 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			
			Total of Section C2	

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	July 10 Filing - Original

D. Loans Received this Period - Compliant Account

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

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	July 10 Filing - Original

J. Interest from Deposits in Authorized Accounts - Compliant Account

Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
		Total of Section J		

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

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

K. Miscellaneous Monetary Receipts not Considered Contributions - Compliant Account

Name		Date of Transaction		Amount Received
DSCC Non-Federal Account		06/26/2026		
Street Address	City	State	Zip Code	
750 Main St Ste 1108-3	Hartford	CT	06103	
Description				
Transfer In from DSCC Non-Federal Account for Convention-Related Expenses				$45,000.00
		Total of Section K		**$45,000.00**

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	July 10 Filing - Original

L1. Event Information - Compliant Account

Event # / Date of Event / Letter	Description	Was this a fundraising event? Yes No

Location: Street Address	City	State	Zip Code

Subpart 1: (All Committees)

Was this event hosted at a personal residence? Yes / No

(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.)

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

(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)

Was this fundraiser a tag sale, auction, or other sale of donated items with puchases from an individual of up to $100? Yes / No

(If yes, enter Total Receipts here.)

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? Yes / No

(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)

Total of Section L1	

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	July 10 Filing - Original

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

Name of Purchaser	Purchase Made By: **Business Entity** **Other** **Individual/Sole Proprietorship**

Street Address	City	State	Zip Code

Date Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase

Total of Section L3	

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	July 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions - Compliant Account

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

Total of Section L4	

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	July 10 Filing - Original

L5. In-Kind Donations Not Considered Contributions Associated with a House Party - Compliant 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	

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	July 10 Filing - Original

M. In-Kind Contributions - Compliant Account

Name

Street Address | City | State | Zip Code

Type of Contributor: Committee / Individual / Sole Proprietorship / Other | Date Received | Aggregate contributions | Description of In-Kind Contribution

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

If yes, list Event#

Is contributor a principal of state contractor or prospective state contractor? Yes / No

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	July 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 | Amount of Deposit

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	04/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$25.00

Name of Payee	Date of Payment	Method of Payment
ADP	04/03/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$137.85

Name of Payee	Date of Payment	Method of Payment
ADP	04/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$32.50

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	04/15/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,485.33

Name of Payee	Date of Payment	Method of Payment
ADP	04/15/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,075.05

Name of Payee	Date of Payment	Method of Payment
Webster Bank	04/21/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$6.61

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
ADP	04/24/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$137.85

Name of Payee	Date of Payment	Method of Payment
ADP	04/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,075.04

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	04/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,322.84

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
Vestwell	05/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1410 Broadway Fl 23	New York	NY	10018

Purpose of Expenditure (by code)	Description	Event #
WAGE	Employee IRA Remittance.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$307.65

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	05/04/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$25.00

Name of Payee	Date of Payment	Method of Payment
ADP	05/08/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
ADP	05/15/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$1,088.05

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	05/15/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,322.83

Name of Payee	Date of Payment	Method of Payment
Vestwell	05/18/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
1410 Broadway Fl 23	New York	NY	10018

Purpose of Expenditure (by code)	Description	Event #
WAGE	Employee IRA Remittance.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$307.65

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
Webster Bank	05/21/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$7.01

Name of Payee	Date of Payment	Method of Payment
ADP	05/22/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$247.89

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	05/29/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)	Amount
	[X] None of the below [ ] Coordinated with reimbursement sought (joint expenditure) [ ] Independent [ ] Coordinated without reimbursement sought (in-kind contribution) [ ] Organization [ ] A [ ] B [ ] C [ ] D	$2,322.84

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
ADP	06/01/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1,088.04

Name of Payee	Date of Payment	Method of Payment
Paragon Solutions	06/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2141 E Broadway Rd Ste 202	Tempe	AZ	85282

Purpose of Expenditure (by code)	Description	Event #
BNK	Credit Card Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$25.00

Name of Payee	Date of Payment	Method of Payment
Vestwell	06/02/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1410 Broadway Fl 23	New York	NY	10018

Purpose of Expenditure (by code)	Description	Event #
WAGE	Employee IRA Remittance.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$307.65

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
ADP	06/05/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$26.00

Name of Payee	Date of Payment	Method of Payment
ADP	06/12/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$137.85

Name of Payee	Date of Payment	Method of Payment
ADP	06/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1,088.05

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	06/16/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P 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: $2,322.83

Name of Payee	Date of Payment	Method of Payment
Vestwell	06/17/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1410 Broadway Fl 23	New York	NY	10018

Purpose of Expenditure (by code)	Description	Event #
WAGE	Employee IRA Remittance	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P 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: $162.50

Name of Payee	Date of Payment	Method of Payment
Webster Bank	06/22/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
200 Elm St .	Stamford	CT	06901

Purpose of Expenditure (by code)	Description	Event #
BNK	Bank Fees.	

Expenditure # (if applicable):

Type of Expenditure (Itemization in Addendum P 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: $6.62

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	July 10 Filing - Original

P. Expenses Paid By Committee - Compliant Account

Name of Payee	Date of Payment	Method of Payment
ADP	06/26/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
OVHD	Payroll Processing Fees.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$146.89

Name of Payee	Date of Payment	Method of Payment
ADP	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
225 2nd Ave	Waltham	MA	02451-1122

Purpose of Expenditure (by code)	Description	Event #
WAGE	Payroll Taxes.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$1,073.67

Name of Payee	Date of Payment	Method of Payment
Ian Clarke	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2 Tunes Brook Dr .	Brick	NJ	08723

Purpose of Expenditure (by code)	Description	Event #
WAGE	Salary.	

Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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	$2,322.84

Total of Section P	**$22,772.78**

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	July 10 Filing - Original

R. Expenses Incurred on Committee Credit Card - Compliant 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)	Amount
	None of the below	
	Coordinated with reimbursement sought (joint expenditure) Independent	
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D	

Total of Section R	

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	July 10 Filing - Original

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

Total of Section S	

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	July 10 Filing - Original

T. Itemization of Reimbursements and Secondary Payees - Compliant 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 Addendem 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	

Total of Section T	

Section L5. ADDENDUM - STATE -ONLY ACCOUNT	
NAME OF COMMITTEE	TYPE OF REPORT

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate or Committee	

Section P. ADDENDUM - STATE - ONLY ACCOUNT		
NAME OF COMMITTEE	TYPE OF REPORT	

P. Expenses Paid By Committee - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
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	

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	**Supported** **Opposed**	**Amount of Expenditure**
Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM - STATE - ONLY ACCOUNT	
NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum		
Expenditure #	**Supported Opposed**	**Amount of Expenditure**

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM - STATE - ONLY ACCOUNT	
NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum		
Expenditure #	**Supported Opposed**	**Amount of Expenditure**

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

L5. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate or Committee	

Section P. ADDENDUM - COMPLIANT ACCOUNT

NAME OF COMMITTEE	TYPE OF REPORT

P. Expenses Paid By Committee - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section R. ADDENDUM - COMPLIANT ACCOUNT

NAME OF COMMITTEE	TYPE OF REPORT

R. Expenses Incurred on Committee Credit Card - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section S. ADDENDUM - COMPLIANT ACCOUNT

NAME OF COMMITTEE	TYPE OF REPORT

S. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee

Section T. ADDENDUM - COMPLIANT ACCOUNT

NAME OF COMMITTEE	TYPE OF REPORT

T. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure #	Supported Opposed	Amount of Expenditure

Name of Candidate or Committee	Office Sought (if applicable)	Cost Allocated to Candidate or Committee