

SEEC FORM 20

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


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Do Not Mark in This Space For Official Use Only

COVER PAGE**1. NAME OF COMMITTEE**

(ABC) A BETTER CONNECTICUT

2. TREASURER NAME

First Philip	MI H	Last Benoit	Suffix
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3. TREASURER ADDRESS

Street Address 12 GLASBORO AVENUE	City ROCKY HILL	State CT	Zip Code 06067
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4. ELECTION/REFERENDUM DATE

(mm/dd/yyyy)

5. OFFICE SOUGHT (Complete only if Candidate Committee)**6. DISTRICT NUMBER**

(if applicable)

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

First	MI	Last	Suffix
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8. TYPE OF REPORT (Check One Box)

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

9. PERIOD COVERED

Beginning Date

Ending Date

JULY 1, 2025 thru SEPT 30, 2025

10. CERTIFICATION

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

Philip H Benoit
 TREASURER OR DEPUTY TREASURER (SIGNATURE)

Philip H Benoit
 PRINT NAME OF SIGNER

10/7/2025
 DATE (mm/dd/yyyy)

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

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	DATE OF REPORT	COLUMN A This Period	COLUMN B Aggregate
(ABC) A BETTER CONNECTICUT	JULY - SEPT 2025 SEEC FORM 20		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees			
12. Balance on hand at the beginning of Reporting Period	\$2339 ⁹¹ / ₁₀₀		
13. Contributions Received from Individuals (Sections A' and B)	—		
14. Receipts from Other Committees (Sections C1 and C2)	—		
15. Other Monetary Receipts (Sections D through K)	—		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2 removed			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	—		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	0		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	\$2339 ⁹¹ / ₁₀₀		
19. Expenses Paid by Committee (Section P)	45.00		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	\$2294 ⁹¹ / ₁₀₀		
21. In-Kind Donations not Considered Contributions Received (Section L4)			
22. In-Kind Donations not Considered Contributions — House Party (Section L5)			
23. In-Kind Contributions Received (Section M)			
24. Refundable Deposit to Telephone Company (Section N)			
25. Loan Balance			
25a. + Loans Received (Section D)			
25b. + Interest and Penalties on Loan			
25c. - Payments on Loan			
25d. Total Outstanding Loan Amount			
26. Campaign Expenses Paid by Candidate (Section Q)			
27. Expenses Incurred on Committee Credit Card (Section R)			
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)			

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
(ABC) A BETTER CONNECTICUT				SEEC FORM 20 JULY-SEPT 2025	
P. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
BANK OF AMERICA			JULY 2025 SEPT 2025		☐ Check # _____ ☐ Debit Card ☐ EFT
Street Address		City		State	Zip Code
Bromwell Ave		Rocky Hill		CT	06067
Purpose of Expenditure (by code)	Description		Event #		Amount
	BANK FEES				45.00 1.50 PER MONTH 3 MONTHS
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	☐ None of the below (does not involve another candidate or committee) ☐ 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:
					☐ Check # _____ ☐ Debit Card ☐ EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	☐ None of the below (does not involve another candidate or committee) ☐ 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:
					☐ Check # _____ ☐ Debit Card ☐ EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	☐ None of the below (does not involve another candidate or committee) ☐ 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:
					☐ Check # _____ ☐ Debit Card ☐ EFT
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description		Event #		Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)				
	☐ None of the below (does not involve another candidate or committee) ☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent ☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization: ☐ A ☐ B ☐ C ☐ D				
SUBTOTAL Section P— This Page					45.00
TOTAL of additional Section P Pages					—
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19, Column A of Summary Page Totals)					45.00