

SEEC FORM 20

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



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COVER PAGE

1. NAME OR COMMITTEE			
(ABC) A BETTER CONNECTICUT			
2. TREASURER NAME			
First	MI	Last	Suffix
Philip	H	BENOIT	
3. TREASURER ADDRESS			
Street Address	City	State	Zip Code
17 GLASBORO AVENUE	ROCKY HILL	CT	06067
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
8. TYPE OF REPORT (Check One Box)			
<input type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)
<input checked="" type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report: _____
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committees Only)	<input type="checkbox"/> Termination	
<input type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input type="radio"/> Election	<input type="checkbox"/> 45 days following election not held in November		
9. PERIOD COVERED			
Beginning Date		Ending Date	
JAN 1, 2026		thru MARCH 31, 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.			
 TREASURER OR DEPUTY TREASURER (SIGNATURE)		PHILIP H BENOIT PRINT NAME OF SIGNER	
		04/09/2020 DATE (mm/dd/yyyy)	
<p>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.</p>			

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SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	COLUMN A This Period	COLUMN B Aggregate
(NBC) A BETTER CONNECTICUT	JAN 1, 2016 - March 31, 2016 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		\$ 2,249 ⁹⁷ / 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. <i>Per Public Act 11-48, effective January 1, 2012 Section L2 removed</i>			
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		-	
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)		\$ 2,249 ⁹⁷ / ₁₀₀	
19. Expenses Paid by Committee (Section P)		45 ⁹⁴ / ₁₀₀	
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)		\$ 2,204 ⁹⁷ / 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)			

IV. EXPENDITURES (Sections P—T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) (ABC) A BETTER CONNECTICUT	TYPE OF REPORT JAN 1 - MARCH 31, 2020 SEEC FORM 20
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P. Expenses Paid by Committee

Name of Payee BANK OF AMERICA	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address CROMWELL AVENUE	City ROCKY HILL	State CT Zip Code 06067

Purpose of Expenditure (by code)	Description BANK FEES	Event #	Amount JAN \$15.00 FEB \$15.00 MAR \$15.00 \$45.00
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) <input type="checkbox"/> None of the below (does not involve another candidate or committee) <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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> 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) <input type="checkbox"/> None of the below (does not involve another candidate or committee) <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="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

Name of Payee	Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address	City	State Zip Code

Purpose of Expenditure (by code)	Description	Event #	Amount
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SUBTOTAL Section P — This Page	\$ 45.00
TOTAL of additional Section P Pages	-
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>	\$ 45.00