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SEEC FORM 20

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

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COVER PAGE

1. NAME OF COMMITTEE

(ABC) A BETTER CONNECTICUT

2. TREASURER NAME

First	MI	Last	Suffix
Philip	H	BENOIT	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
12 GLASTONBURY 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)*

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

9. PERIOD COVERED

Beginning Date		Ending Date
APRIL 1, 2026	thru	JUNE 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.

Philip H Benoit	Philip H BENOIT	07/05/2026
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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)	TYPE OF REPORT
(ABC) A BETTER CONNECTICUT	APRIL 1, 2026 - JUNE 30 2026 SEEC FORM 20

	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	$ 2204 99	
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)	$ 2204 99/100	
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)	$ 2159 99/100	
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)*	TYPE OF REPORT
(ABC) A BETTER CONNECTICUT	APRIL 1 – JUNE 2026 SEEC FORM 20

P. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment
BANK OF AMERICA	APRIL 15 MAY 15 JUNE 15	☐ Check #____ ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
CROMWELL AVENUE	ROCKY HILL	CT	06067

Purpose of Expenditure (by code)	Description	Event #	Amount
	MONTHLY FEE		$45.00

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)
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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)*

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SUBTOTAL Section P — This Page	45 00/100
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 00/100