# SEEC FORM 20

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

Electronic Filing

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## COVER PAGE

1. NAME OF COMMITTEE

**Kate PAC**

2. TREASURER NAME

| First | MI | Last | Suffix |
|---|---|---|---|
| **Kassandra** | | **Kruh** | |

3. TREASURER ADDRESS

| Street Address | City | State | Zip Code |
|---|---|---|---|
| **586 Main St** | **Cromwell** | **CT** | **06416** |

| 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)

| First | MI | Last | Suffix |
|---|---|---|---|
| | | | |

8. TYPE OF REPORT

**April 10 Filing - Original**

9. PERIOD COVERED

| Beginning Date | | Ending Date |
|---|---|---|
| **01/01/2026** | thru | **03/31/2026** |

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.

| **Electronic Filing** | **Kassandra Kruh** | **04/10/2026 1:11:56PM** |
|---|---|---|
| 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**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2024

## SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT | |
|---|---|---|
| **Kate PAC** | **April 10 Filing - Original** | |
| | COLUMN A<br>This Period | COLUMN B<br>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 | | **$5,440.99** |
| 12. Balance on hand at the beginning of Reporting Period | **$5,440.99** | |
| 13. Contributions received from Individuals (Section A and B) | **$100.00** | **$100.00** |
| 14. Receipts from Other Committees (Sections C1 and C2) | **$0.00** | **$0.00** |
| 15. Other Monetary Receipts (Section D through K) | **$0.00** | **$0.00** |
| 16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3) | **$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 (Section L3) | **$0.00** | **$0.00** |
| 17. Total Monetary Receipts (add totals for lines 13 through 16c) | **$100.00** | **$100.00** |
| 18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B) | **$5,540.99** | **$5,540.99** |
| 19. Expenses Paid by Committee (Section P) | **$318.97** | **$318.97** |
| 20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum | **$5,222.02** | **$5,222.02** |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | **$0.00** | **$0.00** |
| 22. In-Kind Donations not Considered Contributions - House Party (Section L5) | **$0.00** | **$0.00** |
| 23. In-Kind Contributions Received (Section M) | **$0.00** | **$0.00** |
| 24. Refundable Deposit to Telephone Company (Section N) | **$0.00** | **$0.00** |
| 25. Loan Balance | **$0.00** | |
| 25a. + Loans Received (Section D) | **$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) | **$0.00** | **$0.00** |
| 27. Expenses Incurred on Committee Credit Card (Section R) | **$0.00** | **$0.00** |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | **$0.00** | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | **$0.00** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

**A. Total Contributions from Small Contributors-Received this Period ONLY**
*(See instructions for definition of Small Contributor)* **Subtotal Section A** **$0.00**

**B. Itemized Contributions from Individuals**

| Last Name | First Name | MI |
|---|---|---|
| Glass | Hillary | |

| Residential Street Address | City | State | Zip Code |
|---|---|---|---|
| 168 Hendley St | Middletown | CT | |

| Principal Occupation | Name of Employer |
|---|---|
| Lobbyist | RSG |

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 | Date Received | Aggregate Contributions | Amount of Contribution |
|---|---|---|---|
| ☐ Cash ☐ Personal Check ☒ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order | 01/05/2026 | $100.00 | $100.00 |

**Total of Section B** **$100.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS** (Sections A & B) *(Total on Line 13 of Summary Page)* **$100.00**

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

**C1. Contributions from Other Committees**

| Name of Committee | Name of Treasurer |
|---|---|
| | |

| Address | Is this contribution associated with an event reported in Section L1? Yes No<br>If yes, list Event # | Amount of Contribution |
|---|---|---|

| City | State | Zip Code | Date Received | Aggregate Contributions |
|---|---|---|---|---|
| | | | | |

**Total of Section C1**

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### C2. Reimbursements or Surplus Distributions from other Committees

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

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### D. Loans Received this Period

| Name of Lender | Source of Loan:<br>Bank Candidate Individual Other | | | Date of Receipt |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan?<br>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)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### E. Receipts from Entities other than Individuals or Other Committees *(Referendum Committees ONLY)*

| Name of Entity | | | | |
|---|---|---|---|---|
| Street Address | | | Date Received | Amount Received |
| City | State | Zip Code | Aggregate Contributions | |
| | | | **Total of Section E** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### F. Amount Transferred from Affiliated Business Treasury *(Business Entity Committees ONLY)*

| Date of Receipt | Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event # | Amount |
|---|---|---|
| | **Total of Section F** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury *(Organization Committees ONLY)*

| Date of Receipt | Amount |
|---|---|
| | **Total of Section G** |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

| Date of Receipt | Method of Payment | | | Amount |
|---|---|---|---|---|
| | Cash | Personal Check | Credit/Debit Card | |

| | |
|---|---|
| **Total of Section H** | |

## I. Monetary Receipts (Section A-K)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### J. Interest from Deposits in Authorized Accounts

| Name of Institution | | | Date Received | Amount |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |

| | |
|---|---|
| **Total of Section J** | |

## I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### K. Miscellaneous Monetary Receipts not Considered Contributions

| Name | | Date of Transaction | | Amount Received |
|---|---|---|---|---|
| Street Address | City | State | Zip Code | |
| Description | | | | |

| | |
|---|---|
| **Total of Section K** | |

## II. EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### L1. Event Information

| 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.)

*Subpart 3: (Town Committees ONLY)*

Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser? Yes / No — *(If yes*, enter Total Receipts here.)

| **Total of Section L1** | |
|---|---|

## II. EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### L3. Purchases of Advertising in a Program Book or on a Sign

| 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)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### L4. In-Kind Donations Not Considered Contributions

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

| | |
|---|---|
| **Total of Section L4** | |

## II.EVENT ACTIVITY (Sections L1 - L5)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

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

| Name of the Host | | Is this event supporting more than one candidate or committee?<br>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)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### M. In-Kind Contributions

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<br>If yes, list Event# | Is contributor a principal of state contractor or prospective state contractor? Yes / No<br>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)

| NAME OF COMMITTEE | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### N. Refundable Deposit to Telephone Company

| 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)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### P. Expenses Paid By Committee

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

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 1340 Poydras St Ste 1770 | New Orleans | LA | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| WEB | Aggregated fees associated with Anedot | |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $4.30 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| Norwich DTC | 01/06/2026 | ☒ Check # 89 ☐ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| PO Box 185 | Norwich | CT | |

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

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $250.00 |

| Name of Payee | Date of Payment | Method of Payment |
|---|---|---|
| McCarthy Vahey PAC | 01/23/2026 | ☒ Check # 90 ☐ Debit Card ☐ EFT |

| Street Address | City | State | Zip Code |
|---|---|---|---|
| 85 Eastfield Dr | Fairfield | CT | |

| Purpose of Expenditure (by code) | Description | Event # |
|---|---|---|
| RMB | For food at event | 12162025A |

| Expenditure # (if applicable) | Type of Expenditure ( Itemization in Addendum P Required unless "None of the below" is checked) | Amount |
|---|---|---|
| | ☒ None of the below<br>☐ Coordinated with reimbursement sought (joint expenditure) ☐ Independent<br>☐ Coordinated without reimbursement sought (in-kind contribution) ☐ Organization ☐ A ☐ B ☐ C ☐ D | $64.67 |

| | |
|---|---|
| **Total of Section P** | **$318.97** |

## IV. EXPENDITURES (Sections P - T)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| | April 10 Filing - Original |

### Q. Campaign Expenses Paid By Candidate

| Name of Payee (Name of vendor, Person or Entity who candidate paid directly) | Date of Payment | Is Reimbursement Claimed? Yes No |
|---|---|---|
| Street Address / City / State / Zip Code | | |
| Purpose of Expenditure (by code) / Description / Event # / **Amount** | | |
| **Total of Section Q** | | |

## IV. EXPENDITURES

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### R. Expenses Incurred on Committee Credit Card

| 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

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

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

| 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)

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) | TYPE OF REPORT |
|---|---|
| Kate PAC | April 10 Filing - Original |

### T. Itemization of Reimbursements and Secondary Payees

| 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<br>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 | |
|---|---|
| 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 | | |
|---|---|---|
| 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 |
| | | |

| Are Limits Aggregated? **Yes** **No** | Aggregating Committees |
|---|---|
| | |

## Section R. ADDENDUM

| 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

| 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

| 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 |
|---|---|---|
| | | |