

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			
District 1199 SEIU PAC/SEIU CT			
2. TREASURER NAME			
First Suzanne	MI	Last Clark	Suffix
3. TREASURER ADDRESS			
Street Address 265 Windsorville Rd	City Ellington	State CT	Zip Code 06029
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			
January 10 Filing - Original			
9. PERIOD COVERED			
Beginning Date 10/27/2025			
Ending Date 12/31/2025			
thru			
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 SIGNATURE	Suzanne Clark PRINT NAME OF THE SIGNER	01/12/2026 5:01:50PM 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	
District 1199 SEIU PAC/SEIU CT	January 10 Filing - Original	
	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		\$409,183.67
12. Balance on hand at the beginning of Reporting Period	\$762,408.67	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
15. Other Monetary Receipts (Section D through K)	\$0.00	\$500,000.00
16a. Total Proceeds from Small Purchases (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)	\$0.00	\$500,000.00
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$762,408.67	\$909,183.67
19. Expenses Paid by Committee (Section P)	\$123,740.00	\$270,515.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both column)	\$638,668.67	\$638,668.67
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			
District 1199 SEIU PAC/SEIU CT						January 10 Filing - Original			
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>									
Subtotal Section A									
B. Itemized Contributions from Individuals									
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? If yes, list Event #		Yes No	Is contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:					Yes No 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) <i>(Total on Line 13 of Summary Page)</i>									

I. MONETARY RECEIPTS (Section A-K)									
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)						TYPE OF REPORT			
District 1199 SEIU PAC/SEIU CT						January 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? 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
District 1199 SEIU PAC/SEIU CT	January 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 Reimbursement for shared expense 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
District 1199 SEIU PAC/SEIU CT	January 10 Filing - Original

D. Loans Received this Period

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)

NAME OF COMMITTEE

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 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

District 1199 SEIU PAC/SEIU CT

January 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

District 1199 SEIU PAC/SEIU CT

January 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
District 1199 SEIU PAC/SEIU CT	January 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
District 1199 SEIU PAC/SEIU CT	January 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
District 1199 SEIU PAC/SEIU CT	January 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	
District 1199 SEIU PAC/SEIU CT		January 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
<i>Subpart 1: (All Committees)</i> Was this event hosted at a personal residence?		Yes No	<i>(If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.)</i>
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
<i>Subpart 2: (Party Committees, Municipal Candidates and Political Committees other than Exploratory Committees)</i> Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?		Yes No	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>
<i>Subpart 3: (Town Committees ONLY)</i> Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?		Yes No	<i>(If yes, enter Total Receipts here.)</i>
Total of Section L1			

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
District 1199 SEIU PAC/SEIU CT		January 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
District 1199 SEIU PAC/SEIU CT	January 10 Filing - Original

L4. In-Kind Donations Not Considered Contributions

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)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
District 1199 SEIU PAC/SEIU CT	January 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?		
	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
District 1199 SEIU PAC/SEIU CT	January 10 Filing - Original

M. In-Kind Contributions

Name			
Street Address		City	State Zip Code
Type of Contributor:	Committee	Date Received	Aggregate contributions
Individual / Sole Proprietorship	Other		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
Is this contribution associated with an event reported in Section L1?	Yes No	Is contributor a principal of state contractor or prospective state contractor?	Yes No
If yes, list Event#		If yes, indicate which branch or branches of government the contract is with:	Executive Legislative
		Fair Market Value of this Contribution	

Total of Section M**III. Non Monetary Receipts (Sections M - O)**

NAME OF COMMITTEE	TYPE OF REPORT
District 1199 SEIU PAC/SEIU CT	January 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
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			

Total of Section N

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee One District. One Bridgeport		Date of Payment 10/31/2025	Method of Payment ☒ Check # 1273 ☐ Debit Card ☐ EFT	
Street Address 30 Beacom St		City Bridgeport	State CT	Zip Code 06605
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$375.00
Name of Payee DEMOCRATIC SENATE MAJORITY PAC		Date of Payment 11/12/2025	Method of Payment ☒ Check # 1290 ☐ Debit Card ☐ EFT	
Street Address 10 Sea Hill Rd		City North Branford	State CT	Zip Code 06471
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,000.00
Name of Payee CCM & CO		Date of Payment 11/18/2025	Method of Payment ☒ Check # 1274 ☐ Debit Card ☐ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) PRNT	Description			Event #
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 \$2,340.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee Barbara Smyth For Mayor		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1276 ☐ Debit Card ☐ EFT	
Street Address PO Box 13		City Norwalk	State CT	Zip Code 06852
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00
Name of Payee Khan Pac		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1278 ☐ Debit Card ☐ EFT	
Street Address 73 Imlay St ,		City Hartford	State CT	Zip Code 06105
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00
Name of Payee Nocera For Mayor		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1281 ☐ Debit Card ☐ EFT	
Street Address 168 Timber Ridge Rd		City Middletown	State CT	Zip Code 06457
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee WETHERSFIELD DEMOCRATIC TOWN COMMITTEE		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1284 ☐ Debit Card ☐ EFT	
Street Address 83 Longvue Dr		City Wethersfield	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00

Name of Payee G Lux Pac		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1277 ☐ Debit Card ☐ EFT	
Street Address 93 Plymouth Ln		City Manchester	State CT	Zip Code 06040
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00

Name of Payee Nowalk Democratic Town Committee		Date of Payment 11/20/2025	Method of Payment ☒ Check # 1282 ☐ Debit Card ☐ EFT	
Street Address PO Box 128		City Norwalk	State CT	Zip Code 06853
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$1,500.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

Middletown Democrats 2025

Date of Payment

11/20/2025

Method of Payment

☒

Check # 1280

☐

Debit Card

☐

EFT

Street Address

156 College St Apt 2

City

Middletown

State

CT

Zip Code

06457

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$1,500.00

Name of Payee

MIDDLETOWN DEMOCRATIC TOWN COMMITTEE

Date of Payment

11/20/2025

Method of Payment

☒

Check # 1279

☐

Debit Card

☐

EFT

Street Address

17 Red Orange Rd ,

City

Middletown

State

CT

Zip Code

06457

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$1,500.00

Name of Payee

Shonta For Hartford BOE

Date of Payment

11/20/2025

Method of Payment

☒

Check # 1283

☐

Debit Card

☐

EFT

Street Address

140 Huyshope Ave # 410

City

Hartford

State

CT

Zip Code

06106

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$375.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee CCM & CO		Date of Payment 11/26/2025	Method of Payment ☒ Check # 1285 ☐ Debit Card ☐ EFT	
Street Address 1022 Boulevard # 329		City West Hartford	State CT	Zip Code 06119
Purpose of Expenditure (by code) PRNT	Description			Event #
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 \$2,340.00
Name of Payee Working Families for Education Excellence		Date of Payment 12/08/2025	Method of Payment ☒ Check # 1287 ☐ Debit Card ☐ EFT	
Street Address 77 Huyshope Ave # 2NF Flr		City Hartford	State CT	Zip Code 06106
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$100,000.00
Name of Payee SEIU CT STATE COUNCIL		Date of Payment 12/08/2025	Method of Payment ☒ Check # 1286 ☐ Debit Card ☐ EFT	
Street Address 77 Huyshope Ave		City Hartford	State CT	Zip Code 00006-1066
Purpose of Expenditure (by code) CNTRB	Description			Event #
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 \$310.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

SENATE DEMOCRATS VICTORY PAC

Date of Payment

12/15/2025

Method of Payment

☒

Check # 1293

☐

Debit Card

☐

EFT

Street Address

10 Grove St

City

Milford

State

CT

Zip Code

06851

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$1,000.00

Name of Payee

Democratic Leadership P.A.C.

Date of Payment

12/15/2025

Method of Payment

☒

Check # 1289

☐

Debit Card

☐

EFT

Street Address

298 Ridgewood Dr

City

Mystic

State

CT

Zip Code

06355

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$1,000.00

Name of Payee

CONNECTICUT MAJORITY TEAM

Date of Payment

12/15/2025

Method of Payment

☒

Check # 1288

☐

Debit Card

☐

EFT

Street Address

1800 Sils Dean Hwy Apt 120S

City

Rocky Hill

State

CT

Zip Code

06067

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

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

\$1,000.00

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)

TYPE OF REPORT

District 1199 SEIU PAC/SEIU CT

January 10 Filing - Original

P. Expenses Paid By Committee

Name of Payee

HOUSE DEMOCRATS CAMPAIGN COMMITTEE

Date of Payment

12/15/2025

Method of Payment

☒ X

Check # 1291

☐

Debit Card

☐

EFT

Street Address

111 Apple Hi

City

Newington

State

CT

Zip Code

06111

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$1,000.00

Name of Payee

HOUSE MAJORITY COMMITTEE

Date of Payment

12/15/2025

Method of Payment

☒ X

Check # 1292

☐

Debit Card

☐

EFT

Street Address

15 Westborough Dr

City

West Hartford

State

CT

Zip Code

06107

Purpose of
Expenditure (by code)

CNTRB

Description

Event #

Expenditure #
(if applicable)

Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked)

☒ X

None of the below

☐

Coordinated with reimbursement sought (joint expenditure)

☐

Independent

☐

Coordinated without reimbursement sought (in-kind contribution)

☐

Organization

☐ A☐ B☐ C☐ D

Amount

\$1,000.00

Total of Section P**\$123,740.00**

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
				January 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	
District 1199 SEIU PAC/SEIU CT				January 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) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization A B C D				Amount
Total of Section R					

IV. EXPENDITURES

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
District 1199 SEIU PAC/SEIU CT				January 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 (<i>Itemization in Addendum S Required unless "None of the below" is checked</i>) None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution) Organization : A B C D				Amount Incurred (Estimate or Actual)
Total of Section S					

IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
District 1199 SEIU PAC/SEIU CT				January 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 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 Addendum T 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
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?	Aggregating Committees
Yes No	

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	