

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			
Cabrera For The People			
2. TREASURER NAME			
First Sean	MI	Last Grace	Suffix
3. TREASURER ADDRESS			
Street Address 852 Wintergreen Ave	City Hamden	State CT	Zip Code 06514-4200
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		6. DISTRICT NUMBER <i>(if applicable)</i>
7. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>			
First	MI	Last	Suffix
8. TYPE OF REPORT			
October 10 Filing - Amendment			
9. PERIOD COVERED			
	Beginning Date		Ending Date
	07/01/2025	thru	09/30/2025
10. CERTIFICATION			
<input checked="" type="checkbox"/> 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	Sean Grace	05/06/2026 1:28:54PM	
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED	
<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>			

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	
Cabrera For The People	October 10 Filing - Amendment	
	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		\$5,634.00
12. Balance on hand at the beginning of Reporting Period	\$5,634.00	
13. Contributions received from Individuals (Section A and B)	\$0.00	\$0.00
14. Receipts from Other Committees (Sections C1 and C2)	\$8,369.48	\$8,369.48
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00
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)	\$8,369.48	\$8,369.48
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$14,003.48	\$14,003.48
19. Expenses Paid by Committee (Section P)	\$0.00	\$0.00
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both columns)	\$14,003.48	\$14,003.48
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
Cabrera For The People	October 10 Filing - Amendment

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

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?		Amount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	If contributor a principal of state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative		
Method of Contribution		Date Received	Aggregate Contributions	
Cash	Personal Check	Credit/Debit Card	Payroll Deduction	Money Order
Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS		(Sections A & B)		(Total on Line 13 of Summary Page)

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
Connecticut State Employees Association PAC	David J Glidden

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
760 Capitol Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		\$250.00	
City	State	Zip Code		
Hartford	CT	06106	07/10/2025	Aggregate Contributions \$500.00

Name of Committee	Name of Treasurer
Connecticut State Employees Association PAC	David J Glidden

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
760 Capitol Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		\$250.00	
City	State	Zip Code		
Hartford	CT	06106	07/10/2025	Aggregate Contributions \$500.00

Name of Committee	Name of Treasurer
Keep Connecticut Blue	Kellie Guilbert

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
72 Fitch Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		\$1,869.48	
City	State	Zip Code		
New London	CT	06320	07/10/2025	Aggregate Contributions \$1,869.48

Name of Committee	Name of Treasurer
International Union Of Painters & Allied Trades Legislative & Educational Committee	Jason Werthman

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
7234 Parkway Dr	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		\$1,500.00	
City	State	Zip Code		
Hanover	MD		07/18/2025	Aggregate Contributions \$1,500.00

Name of Committee	Name of Treasurer
Local 371 U.F.C.W. Political Action Committee	Keri Hoehne

Address	Is this contribution associated with an event reported in Section L1?		Amount of Contribution	
603 New Harwinton Rd	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		\$750.00	
City	State	Zip Code		
Torrington	CT		07/21/2025	Aggregate Contributions \$750.00

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
District 1199 SEIU PAC/SEIU CT	Suzanne Clark

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution			
77 Huyshope Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$2,000.00
Hartford	CT		07/30/2025	\$2,000.00	

Name of Committee	Name of Treasurer
IUOE Local 478 Political Action Committee - State/Local	Michael Gates

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution			
1965 Dixwell Ave	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$1,500.00
Hamden	CT		08/28/2025	\$1,500.00	

Name of Committee	Name of Treasurer
International Brotherhood of Electrical Workers Local 90 PAC	John J Bacchiocchi

Address	Is this contribution associated with an event reported in Section L1?	Amount of Contribution			
2 N Plains Industrial Rd	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
City	State	Zip Code	Date Received	Aggregate Contributions	\$250.00
Wallingford	CT	06492	08/28/2025	\$250.00	

Total of Section C1**\$8,369.48****I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment

C2. Reimbursements or Surplus Distributions from other Committees

Name of Committee	Name of Treasurer		
Address	Date Received	Amount of Receipt	
City	State		Zip Code
Expenditure # (if applicable)	Description		Reimbursement for shared expense Surplus Distribution

Total of Section C2

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)				TYPE OF REPORT	
Cabrera For The People				October 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
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	
Cabrera For The People				October 10 Filing - Amendment	
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	
Cabrera For The People				October 10 Filing - Amendment	
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?				Amount
	Yes	No	If yes, list Event #		
Total of Section F					

I. MONETARY RECEIPTS (Section A-K)	
NAME OF COMMITTEE	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment
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	
Cabrera For The People	October 10 Filing - Amendment	
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)		
Date of Receipt	Method of Payment	Amount
	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> 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	
Cabrera For The People			October 10 Filing - Amendment	
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
Cabrera For The People	October 10 Filing - Amendment

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
Cabrera For The People	October 10 Filing - Amendment

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	<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>	
		No		
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	<i>(If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.)</i>	
		No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	<i>(If yes, enter Total Receipts here.)</i>	
		No		
<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	<i>(If yes, go to Section L3 Purchases of Advertising Space in a Program Book or on a Sign and complete required information.)</i>	
		No		
<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	<i>(If yes, enter Total Receipts here.)</i>	
		No		
Total of Section L1				

II. EVENT ACTIVITY (Sections L1 - L5)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment

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
Cabrera For The People	October 10 Filing - Amendment

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 Sole Proprietorship		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
Cabrera For The People	October 10 Filing - Amendment

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
Cabrera For The People	October 10 Filing - Amendment

M. In-Kind Contributions

Name			
Street Address		City	State
			Zip Code
Type of Contributor:	Date Received	Aggregate contributions	Description of In-Kind Contribution
Committee			
Individual / Sole Proprietorship	Other		
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?	Fair Market Value of this Contribution
		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

Total of Section M

III. Non Monetary Receipts (Sections M - O)

NAME OF COMMITTEE		TYPE OF REPORT	
Cabrera For The People		October 10 Filing - Amendment	
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				
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IV. EXPENDITURES (Sections P - T)

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Cabrera For The People		October 10 Filing - Amendment	

P. Expenses Paid By Committee

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 #
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Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P 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 P	
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IV. EXPENDITURES (Sections P - T)			
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT
			October 10 Filing - Amendment
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
Cabrera For The People			October 10 Filing - Amendment
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

IV. EXPENDITURES	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment
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)
	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)

IV. EXPENDITURES (Sections P - T)	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
Cabrera For The People	October 10 Filing - Amendment
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
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