

**SEEC FORM 21**

Short Form Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/07



Electronic Filing

Office Use Only

1. NAME OF COMMITTEE

**AFSCME Local 714 PAC**

2. TREASURER NAME

Title	First	MI	Last	Suffix
	<b>Sheryl</b>		<b>Feducia</b>	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
<b>2 Bonna St</b>	<b>Beacon Falls</b>	<b>CT</b>	<b>06403</b>

4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)	6. DISTRICT CODE (if applicable)

7. CANDIDATE NAME

Title	First	MI	Last	Suffix

8. TYPE OF REPORT

**April 10 Filing - Original**

9. PERIOD COVERED

Beginning Date	Ending Date
<b>01/01/2026</b>	<b>03/31/2026</b>

thru

10. CERTIFICATION

I hereby certify and state, under penalties of false statement, that the committee named above, did not receive contributions or other funds, or make or incur expenditures in excess of \$1000 for the period covered by this Short Form Campaign Finance Disclosure Statement.

**Electronic Filing**

SIGNATURE

**Sheryl Feducia**

PRINT NAME OF THE SIGNER

**04/04/2026 11:27:07AM**

DATE CERTIFIED

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.