

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

Sojourner Network of Democratic Women

2. TREASURER NAME

Title	First Esther	MI	Last Armand	Suffix
-------	------------------------	----	-----------------------	--------

3. TREASURER ADDRESS

Street Address 664 Quinnipac Ave	City New Haven	State CT	Zip Code 06513
--	--------------------------	--------------------	--------------------------

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
01/01/2026	thru	03/31/2026

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

Esther Armand

04/06/2026 9:44:04AM

SIGNATURE

PRINT NAME OF THE SIGNER

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.