

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

Rubin for Probate 2026 Committee

2. TREASURER NAME

Title	First	MI	Last	Suffix
	Emily		Luna	

3. TREASURER ADDRESS

Street Address	City	State	Zip Code
17 Cyr Dr	Manchester	CT	06040

4. ELECTION DATE	5. OFFICE SOUGHT (if applicable)	6. DISTRICT CODE (if applicable)
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11/03/2026	Judge of Probate	J013
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7. CANDIDATE NAME

Title	First	MI	Last	Suffix
	Paul	L	Rubin	

8. TYPE OF REPORT

April 10 Filing - Original

9. PERIOD COVERED

Beginning Date	Ending Date
01/01/2026	03/31/2026

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

Emily Luna

PRINT NAME OF THE SIGNER

04/09/2026 10:19:52AM

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.