

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

African American Caribbean Progressive Coalition

2. TREASURER NAME

Title	First Mellissa	MI R	Last Craig	Suffix
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3. TREASURER ADDRESS

Street Address 73 Williams St	City Hartford	State CT	Zip Code 06120
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4. ELECTION DATE

5. OFFICE SOUGHT (if applicable)

6. DISTRICT CODE (if applicable)

7. CANDIDATE NAME

Title	First	MI	Last	Suffix
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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

Mellissa Craig

PRINT NAME OF THE SIGNER

04/10/2026 11:00:00AM

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.