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	MI	Last	Suffix
	Esther		**Armmand**	

3. TREASURER ADDRESS

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

July 10 Filing - Original

9. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

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 Armmand**	**07/07/2026 7:41:59AM**
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED

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