

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised February 2015



Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE	
Concepcion for Hartford 2026			☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME				
First Michael	MI A	Last Stebe	Suffix	
4. TREASURER ADDRESS				
Street Address 85 Hollister St	City Manchester	State CT	Zip Code 06042-3561	
5. ELECTION DATE	6. OFFICE SOUGHT <i>(Complete only if Candidate Committee)</i>		7. DISTRICT NUMBER <i>(if applicable)</i>	
11/03/2026	State Representative		R004	
8. CANDIDATE NAME <i>(Complete only if Candidate or Exploratory Committee)</i>				
First Julio	MI A	Last Concepcion	Suffix	
9. TYPE OF REPORT				
30 Days Following Primary - Amendment				
10. PERIOD COVERED				
Beginning Date 08/05/2026		Ending Date 08/31/2026		
11. CERTIFICATION				
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
Electronic Filing	Michael Stebe	09/27/2026 9:01:16PM		
SIGNATURE	PRINT NAME OF THE SIGNER	DATE CERTIFIED		
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.				

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS		
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
Concepcion for Hartford 2026	30 Days Following Primary - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$2,554.63	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,600.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$38,580.35
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$46,180.35
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$2,554.63	\$46,180.35
20. Expenses Paid by Committee (Section N)	\$2,257.54	\$45,883.26
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$297.09	\$297.09
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$260.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$260.00	

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals				
Last Name	First Name	MI	Contribution ID#	
Residential Street Address	City	State	Zip Code	
Principal Occupation	Name of Employer			
Is contributor a principal of a state contractor or prospective state contractor? ☐ Yes ☐ No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No		Amount of Contribution
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative				
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No	Method of Contribution ☐ Cash ☐ Personal Check ☐ Money Order ☐ Credit/Debit Card		Date Received	Aggregate Contributions
If yes, list Event #				
Total of Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14, Column A of Summary Page)				\$0.00

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
C1. Contributions from Other Committees				
Name of Committee		Name of Treasurer		
Address		Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No		Amount of Contribution
		If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address			Date Received		Amount of Receipt
City	State	Zip Code	Payment Type		
		☐ Reimbursement for shared expense ☐ Surplus distribution from exploratory committee			
Expenditure # (if applicable)		Description			
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan: ☐ Bank ☐ Candidate ☐ Individual ☐ Other			Date of Receipt
Street Address		City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment ☐ Cash ☐ Personal Check ☐ Credit/Debit Card				Amount
Total of Section E					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			Type of Report	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Amount
Street Address	City	State	Zip Code	
Total of Section G				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
H. Public Grant Funds Received from the Citizens' Election Fund				
Purpose of Grant ☐ Initial ☐ Grant Adjustment ☐ Supplemental/Post Election Deficit		Grant Cycle ☐ Primary ☐ General Election ☐ Special Election		Date of Receipt
				Amount
Total of Section H				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
I. Miscellaneous Monetary Receipts not Considered Contributions				
Name		Date of Transaction		Amount Received
Street Address	City	State	Zip Code	
Description				
Total of Section I				

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
J1. Event Information				
Event # Date of Event	Letter	Description	Was this a fundraising event? ☐ Yes ☐ No	
Location: Street Address		City	State	Zip Code
Was this event hosted at a personal residence?		☐ Yes ☐ No	If yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.	
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		☐ Yes ☐ No	If yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information.	
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		☐ Yes ☐ No	(If yes, enter Total Receipts here.)	
			Total of Section J1	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
J3. In-Kind Donations Not Considered Contributions				
Name of the Donor				
Street Address		City	State	Zip Code
Donation Given by: ☐ Individual ☐ Business Entity ☐ Sole Proprietorship	Description of Donation		Fair Market Value of Donation	
Date Received	Event #	Aggregate value for this event		
			Total of Section J3	

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
J4. In-Kind Donations Not Considered Contributions Associated with a House Party					
Name of Host			Is this event supporting more than one candidate? ☐ Yes ☐ No If yes, complete Itemization in Addendum J4		
Street Address			City	State	Zip Code
Description of Donation				Fair Market Value of Donation	
Event #	Date Received	Aggregate value of this Event - all hosts	Aggregate value of all Events - this host/candidate		
Total of Section J4					

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
K. In-Kind Contributions					
Name					
Street Address		City		State	Zip Code
Is this contribution associated with an event reported in Section J1? ☐ Yes ☐ No If yes, list Event #		Description of In-Kind Contribution			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative ☐ No		Fair Market Value of this Contribution	
Type of Contributor: ☐ Individual ☐ Committee ☐ Sole Proprietorship		Date Received	Aggregate contributions		
Total of Section K					

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
L. Refundable Deposit to Telephone Company					
Last Name of Individual			First Name		Date Deposit Made
Residential Street Address			City	State	Amount of Deposit
Name of Telephone Company			Zip Code		
Street Address			City	State	
Total of Section L					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
N. Expenses Paid By Committee					
Name of Payee michael stebe			Date of Payment 08/10/2026		Method of Payment ☒ Check # 1024 ☐ Debit Card ☐ EFT
Street Address 85 Hollister St		City Manchester		State CT	Zip Code 06042
Purpose of Expenditure (by code) CNSLT	Description treas pt 2 primary				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$500.00
Name of Payee michael stebe			Date of Payment 08/10/2026		Method of Payment ☒ Check # 1025 ☐ Debit Card ☐ EFT
Street Address 85 Hollister St		City Manchester		State CT	Zip Code 06042
Purpose of Expenditure (by code) CNSLT	Description treas pt 3 primary				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$500.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
N. Expenses Paid By Committee					
Name of Payee blue edge strategies			Date of Payment 08/10/2026		Method of Payment ☒ Check # 1026 ☐ Debit Card ☐ EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Description Primary texting 6INV 32-35, 60, 61				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$671.97
Name of Payee Michael Farina			Date of Payment 08/20/2026		Method of Payment ☒ Check # 1027 ☐ Debit Card ☐ EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) RMB	Description Reimb for Frasier cost				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$203.95

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
N. Expenses Paid By Committee					
Name of Payee blue edge strategies			Date of Payment 08/20/2026		Method of Payment ☒ Check # 1028 ☐ Debit Card ☐ EFT
Street Address 54 Robert Rd		City Manchester		State CT	Zip Code 06040
Purpose of Expenditure (by code) CNSLT	Description FR Texting INV 9464,65,66,67				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)		Event #	Amount \$381.62
Total of Section N					\$2,257.54

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
O. Expenses Paid By Candidate					
Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed? ☐ Yes ☐ No
Street Address		City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description		Event #		
Total of Section O					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
			☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other		
Name of Vendor				Date of Transaction	
Street Address		City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☐ No If yes, assign an Expenditure # and complete Itemization in Addendum P		Expenditure # (if applicable)	Event #		
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Concepcion for Hartford 2026				30 Days Following Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Raquel Calderon				08/05/2026	
Street Address		City	State	Zip Code	
163 Adelaide St Fl 2		Hartford	CT	06114	
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
CNSLT	Primary GOTV work				
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum Q		Expenditure # (if applicable)	Event #		
					\$260.00
Total of Section Q					\$260.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
R. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
strategies	blue	edge	08/10/2026	☒ Check # 1026 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant				
Prompt IO				
Street Address of Vendor		City	State	Zip Code
2815 Eastlake Ave E Ste 135		Seattle	WA	98102
Purpose of Expenditure (by code)	Description			
A-ATM	Primary texting 6INV 32-35, 60, 61			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and complete Itemization in Addendum R				\$450.00
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Farina	Michael		08/20/2026	☒ Check # 1027 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant				
Frasier LLC				
Street Address of Vendor		City	State	Zip Code
200 Spectrum Center Dr		Irvine	CA	92618
Purpose of Expenditure (by code)	Description			
Misc *	fundraising service fee lists			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and complete Itemization in Addendum R				\$203.95

IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
R. Itemization of Reimbursements and Secondary Payees				
Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Strategies	Blue	Edge	08/20/2026	☒ Check # 1028 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant				
Prompt IO				
Street Address of Vendor		City	State	Zip Code
2815 Eastlake Ave E Ste 135		Seattle	WA	98102
Purpose of Expenditure (by code)	Description			
A-OTH	FR Texting INV 9464,65,66,67			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount
If yes, assign an Expenditure # and complete Itemization in Addendum R				\$181.62
Total of Section R				\$835.57

IV. EXPENDITURES (Sections N - S)				
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)			TYPE OF REPORT	
Concepcion for Hartford 2026			30 Days Following Primary - Amendment	
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				
Street Address		City	State	Zip Code
Description of Item				Original Purchase Amount of Item
Total of Section S				

Section J4 Addendum, In - Kind Donations Not Considered Contribution Associated with a House Party, contains no transactions.

Section N Addendum, Expenses Paid By Committee, contains no transactions.

Section P Addendum, Expenses Incurred on Committee Credit Card, contains no transactions.

Section Q Addendum, Expenses Incurred by Committee but Not Paid During this Period, contains no transactions.

Section R Addendum, Itemization of Reimbursements and Secondary Payees, contains no transactions.