

SEEC FORM 30Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015



Electronic Filing

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Page 1 of 16

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Kate for CT				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Judith	MI S	Last Lohman		Suffix	
4. TREASURER ADDRESS					
Street Address 87 Wood Pond Rd	City West Hartford		State CT	Zip Code 06107	
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative		7. DISTRICT NUMBER (if applicable) R020	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Kate	MI C	Last Farrar		Suffix	
9. TYPE OF REPORT April 10 Filing - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 03/01/2026 thru 03/31/2026					
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 SIGNATURE		Judith Lohman PRINT NAME OF THE SIGNER		07/06/2026 10:03:48AM 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	
Kate for CT	April 10 Filing - 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	\$6,578.05	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$7,562.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.04
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	\$7,562.04
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,578.05	\$7,562.04
20. Expenses Paid by Committee (Section N)	\$345.58	\$1,329.57
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$6,232.47	\$6,232.47
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)	\$26.77	\$79.42
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kate for CT				April 10 Filing - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		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 If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kate for CT				April 10 Filing - 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 If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Kate for CT				April 10 Filing - 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 #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Kate for CT				April 10 Filing - Amendment	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
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	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Kate for CT	April 10 Filing - 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	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment Supplemental/Post Election Deficit	Primary General Election Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Kate for CT				April 10 Filing - 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	
Kate for CT				April 10 Filing - 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	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.		
		No			
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	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
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	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Kate for CT

April 10 Filing - Amendment

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

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

Kate for CT

April 10 Filing - 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 #

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
Kate for CT	April 10 Filing - 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	Description of In-Kind Contribution	
If yes, list Event#			
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	Fair Market Value of this Contribution
Type of Contributor:	Date Received	Aggregate contributions	
Individual Committee Sole Proprietorship			

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment
L. Refundable Deposit to Telephone Company	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			
Street Address	City	State	Zip Code
Amount of Deposit			
Total of Section L			

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Kate Farrar		Date of Payment 03/01/2026	Method of Payment ☒ Check # <u>93</u> ☐ Debit Card ☐ EFT	
Street Address 253 Ridgewood Rd		City West Hartford		State CT
Zip Code 06107				
Purpose of Expendit RMB	Description Mailchimp - monthly subscription January			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 N		Expenditure # (if applicable)	Event #	\$25.28

Name of Payee Kate Farrar		Date of Payment 03/01/2026	Method of Payment ☒ Check # <u>93</u> ☐ Debit Card ☐ EFT	
Street Address 253 Ridgewood Rd		City West Hartford		State CT
Zip Code 06107				
Purpose of Expendit RMB	Description Mailchimp monthly subscription - February			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 N		Expenditure # (if applicable)	Event #	\$26.77

Name of Payee Chan Lieu		Date of Payment 03/01/2026	Method of Payment ☒ Check # <u>92</u> ☐ Debit Card ☐ EFT	
Street Address 253 Ridgewood Rd		City West Hartford		State CT
Zip Code 06107				
Purpose of Expendit RMB	Description Squarespace annualk subscription			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 N		Expenditure # (if applicable)	Event #	\$276.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

N. Expenses Paid By Committee

Name of Payee Chan Lieu		Date of Payment 03/10/2026	Method of Payment ☒ Check # <u>94</u> ☐ Debit Card ☐ EFT	
Street Address 253 Ridgewood Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expendit RMB	Description Sales tax for Squarespace - annual subscription			Amount \$17.53
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 #	

Total of Section N**\$345.58**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Kate Farrar			03/01/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
253 Ridgewood Rd		West Hartford		CT	06107	
Purpose of Expenditure (by code)	Description			Event #		\$26.77
Misc *	Mailchimp - monthly subscripton - March					

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Kate Farrar			03/01/2026		☒ Yes ☐ No	
Street Address		City		State	Zip Code	Amount
253 Ridgewood Rd		West Hartford		CT	06107	
Purpose of Expenditure (by code)	Description			Event #		\$26.77
Misc *	Mailchimp - monthly subscripton - March					

Total of Section O

\$26.77

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kate for CT				April 10 Filing - 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	Expenditure # (if applicable)	Event #	
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Kate for CT				April 10 Filing - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor Kate Farrar				Date Incurred 03/01/2026	
Street Address 253 Ridgewood Rd		City West Hartford		State CT	Zip Code 06107
Purpose of Expenditure (by code)	Description Mailchimp — monthly subscription — March				Amount Incurred (Estimate or Actual)
RMB					
Is this expenditure coordinated with another candidate for which reimbursement is sought?		☐ Yes ☒ No	Expenditure # (if applicable)	Event #	\$26.77-
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					\$0.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Farrar	First Kate	MI	Date of Payment to Vendor 01/03/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 93 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Mailchimp				
Street Address of Vendor 405 N Angler Ave NE		City Atlanta		State GA
Zip Code 30308				
Purpose of Expenditure (by code) Misc *	Description Email marketing service - monthly subscription/January			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$25.88

Last Name of Worker/Consultant Lieu	First Chan	MI	Date of Payment to Vendor 01/15/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 92 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Squarespace, Inc.				
Street Address of Vendor 225 Varick St Fl 12		City New York		State NY
Zip Code 10014				
Purpose of Expenditure (by code) A-WEB	Description Annual subscription for kateforct.com domain and website			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$276.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Kate for CT

April 10 Filing - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Lieu	First Chan	MI	Date of Payment to Vendor 01/15/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 94 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Squarespace

Street Address of Vendor

225 Varick St Fl 12

City

New York

State

NY

Zip Code

10014

Purpose of Expenditure
(by code)

A-WEB

Description

KateforCT.com domain and website- sales tax on annual subscription

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$17.53

If yes, assign an Expenditure # and completes Itemization in Addendum R

Last Name of Worker/Consultant Farrar	First Kate	MI	Date of Payment to Vendor 02/01/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 93 ☐ Debit Card ☐ EFT
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Name of Vendor Paid by Committee Worker/Consultant

Mailchimp

Street Address of Vendor

405 N Angler Ave NE

City

Atlanta

State

GA

Zip Code

30308

Purpose of Expenditure
(by code)

Misc *

Description

Email marketing service - monthly subscription/February

Is this expenditure coordinated with another candidate for which reimbursement is sought?

☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

\$26.77

If yes, assign an Expenditure # and completes Itemization in Addendum R

Total of Section R**\$346.18**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Kate for CT	April 10 Filing - Amendment

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S**Section J4. ADDENDUM**

NAME OF COMMITTEE	TYPE OF REPORT

J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum

Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT

N. Expenses Paid By Committee - Addendum

Expenditure #	Amount of Expenditure

Name of Candidate	Office Sought
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Section P. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section R. ADDENDUM	
NAME OF COMMITTEE	TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought