

SEEC FORM 30

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



Electronic Filing

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Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Venice Sotomayor for State Representative 4th District				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Sammy		MI	Last Vazquez		Suffix
4. TREASURER ADDRESS					
Street Address 59 Curcombe St Apt B		City Hartford		State CT	Zip Code 06106
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Representative			7. DISTRICT NUMBER (if applicable) R004
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Venice		MI	Last Sotomayor		Suffix
9. TYPE OF REPORT First Weekly Supplemental Filing Primary - Amendment					
10. PERIOD COVERED					
Beginning Date Ending Date 07/01/2026 thru 07/21/2026					
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		Sammy Vazquez PRINT NAME OF THE SIGNER		08/06/2026 12:17:25PM 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	
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing 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	\$260.00	
14. Contributions received from Individuals (Section A and B)	\$2,500.00	\$2,760.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$0.00
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)	\$2,500.00	\$2,760.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$2,760.00	\$2,760.00
20. Expenses Paid by Committee (Section N)	\$0.00	\$0.00
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$2,760.00	\$2,760.00
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)	\$4,506.17	\$5,326.17
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	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing Primary - Amendment	
A. Total Contributions from Small Contributors-Received this Period ONLY		For Nonparticipating Candidates ONLY	
		\$0.00	
B. Itemized Contributions from Individuals			

Last Name Sotomayor		First Venice		MI	Contribution ID # 0008
Residential Street Address 20 Front St Apt 308		City Hartford		State CT	Zip Code 06103
Principal Occupation Catering		Name of Employer self- employed			
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 07/02/2026	Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Hernandez		First Carlos		MI	Contribution ID # 0010
Residential Street Address 11 Ridgeview Dr		City Farmington		State CT	Zip Code 06032
Principal Occupation Physician		Name of Employer South West Mental Health-			
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 07/20/2026	Aggregate Contributions \$250.00	\$250.00

Last Name Lopez		First Carmen		MI	Contribution ID # 0011
Residential Street Address 175 Balinforth St		City Bridgeport		State CT	Zip Code 06605
Principal Occupation Retired		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 07/21/2026	Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - Amendment

B. Itemized Contributions from Individuals

Last Name Sotomayor		First Venice		MI	Contribution ID # 0009
Residential Street Address 20 Front St Apt 308		City Hartford		State CT	Zip Code 06103
Principal Occupation Catering			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 \$1,000.00
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 07/21/2026	
				Aggregate Contributions \$1,000.00	

Total of Section B				\$2,500.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)				\$2,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing 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 If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing 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 #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing 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	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing 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		TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing Primary - Amendment	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing 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 Received	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing 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		
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing 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	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:		Yes	(If yes, enter Total Receipts here.)			
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No				
Total of Section J1						

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - 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	Date Received	Event #	
Sole Proprietorship	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
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing 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 #	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	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing 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	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	
Venice Sotomayor for State Representative 4th District		First Weekly Supplemental Filing Primary - 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			Amount of Deposit
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	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing Primary - Amendment	
N. Expenses Paid By Committee					
Name of Payee			Date of Payment		Method of Payment Check # Debit Card EFT
Street Address		City		State	Zip Code
Purpose of Expendit	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 N		Expenditure # (if applicable)	Event #		
Total of Section N					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
k&K Promotion			07/15/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code		Amount
55 Trumbull St		Hartford	CT	06103		
Purpose of Expenditure (by code)	Description		Event #			
Misc *	picture				\$150.00	

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
K&K Promtion			07/15/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code		Amount
55 Trumbull		Hartford	CT	06103		
Purpose of Expenditure (by code)	Description		Event #			
Misc *	Picture				\$250.00	

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
K&K Promtion			07/15/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code		Amount
55 Trumbull St		Hartford	CT	06106		
Purpose of Expenditure (by code)	Description		Event #			
Misc *	Pictures				\$400.00	

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Crcket Press inc			07/16/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code		Amount
236 Park Rd		West Hartford	CT	06119-0611		
Purpose of Expenditure (by code)	Description		Event #			
POST	Buy fly				\$683.81	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Deluxe			07/16/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code	Amount	
PO Box 229		Philadelphia	PA	19170-0001		
Purpose of Expenditure (by code)	Description		Event #		\$139.99	
Misc *						

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
United States Postal			07/21/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code	Amount	
210 Main St		Farmington	CT	06032-9998		
Purpose of Expenditure (by code)	Description		Event #		\$820.00	
POST	Stamp					

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
United States Postal			07/21/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code	Amount	
141 Weston St		Hartford	CT	06101-9998		
Purpose of Expenditure (by code)	Description		Event #		\$172.00	
POST	Stamp					

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Crcket Press inc			07/21/2026		☐ Yes ☒ No	
Street Address		City	State	Zip Code	Amount	
236 Park Rd		West Hartford	CT	06119		
Purpose of Expenditure (by code)	Description		Event #		\$155.14	
Misc *	Buy fly					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - Amendment

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Crcket Press inc			07/21/2026		☐ Yes ☒ No	
Street Address		City		State	Zip Code	Amount
236 Park Rd		West Hartford		CT	06119	
Purpose of Expenditure (by code)	Description			Event #		\$101.92
Misc *	Buy fly					

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Crcket Press inc			07/21/2026		☐ Yes ☒ No	
Street Address		City		State	Zip Code	Amount
236 Park Rd		West Hartford		CT	06119	
Purpose of Expenditure (by code)	Description			Event #		\$436.95
Misc *	Buy fly					

Name of Payee (Name of vendor who candidate paid directly)			Date of Payment		Is Reimbursement Claimed?	
Enterprise Rent Car			07/21/2026		☐ Yes ☒ No	
Street Address		City		State	Zip Code	Amount
160 Park Rd		West Hartford		CT	06119	
Purpose of Expenditure (by code)	Description			Event #		\$1,196.36
TRVL						

Total of Section O	\$4,506.17
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IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing 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		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	
Venice Sotomayor for State Representative 4th District				First Weekly Supplemental Filing Primary - Amendment	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - Amendment

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N: Check # Debit Card EFT
Name of Vendor Paid by Committee Worker/Consultant				
Street Address of Vendor		City		State Zip Code
Purpose of Expenditure (by code)	Description			
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 completes Itemization in Addendum R				
Total of Section R				

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Venice Sotomayor for State Representative 4th District	First Weekly Supplemental Filing Primary - 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

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