



COVER PAGE

1. NAME OF COMMITTEE			2. TYPE OF COMMITTEE		
Martin Looney for State Senate			<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee		
3. TREASURER NAME					
First Nicholas	MI E	Last Neeley		Suffix	
4. TREASURER ADDRESS					
Street Address 46 Oliver Rd	City New Haven	State CT	Zip Code 06515-2734		
5. ELECTION DATE 11/03/2026	6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S011	
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Martin	MI M	Last Looney		Suffix	
9. TYPE OF REPORT					
January 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
11/23/2025		thru		12/31/2025	
11. CERTIFICATION					
<input checked="" type="checkbox"/> 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	Nicholas Neeley	01/10/2026 5:57:17PM			
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	
Martin Looney for State Senate	January 10 Filing - Original	
	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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$960.00	\$960.00
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)	\$960.00	\$960.00
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$960.00	\$960.00
20. Expenses Paid by Committee (Section N)	\$13.25	\$13.25
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$946.75	\$946.75
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)	\$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
Martin Looney for State Senate	January 10 Filing - Original

A. Total Contributions from Small Contributors-Received this Period ONLYFor Nonparticipating Candidates ONLY
\$0.00**B. Itemized Contributions from Individuals**

Last Name Looney	First Ellen	MI	Contribution ID # 0001
Residential Street Address 132 Fort Hale Rd	City New Haven	State CT	Zip Code 06515
Principal Occupation Retired	Name of Employer Retired		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 11/29/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$320.00

Last Name Looney	First Michael	MI T	Contribution ID # 0002
Residential Street Address 697 Beacon St	City Hartford	State CT	Zip Code 06105
Principal Occupation Project Manager	Name of Employer State of Connecticut		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$320.00

Last Name Keyes	First John	MI	Contribution ID # 0003
Residential Street Address 420 E Main St	City Branford	State CT	Zip Code 06405
Principal Occupation Attorney	Name of Employer John Keyes Attorney		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Date Received 12/26/2025	Aggregate Contributions \$320.00
			Amount of Contribution \$320.00

Total of Section B			\$960.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS			\$960.00

(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
Martin Looney for State Senate	January 10 Filing - Original

C1. Contributions from Other Committees

Name of Committee		Name of Treasurer			
Address		Is this contribution associated with an event reported in Section J1?		Amount of Contribution	
		Yes No			
City		State	Zip Code	Date Received	Aggregate Contributions

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

NAME OF COMMITTEE	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

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		State	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

J1. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No	
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Location: Street Address	City	State	Zip Code
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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	
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address	City	State	Zip Code
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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	
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II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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
Martin Looney for State Senate	January 10 Filing - Original

K. In-Kind Contributions

Name			
Street Address		City	State
		Zip Code	
Is this contribution associated with an event reported in Section J1?	Yes	Description of In-Kind Contribution	
	No		
If yes, list Event#			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	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:	No
		Executive	Legislative
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
Martin Looney for State Senate	January 10 Filing - Original

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
Total of Section L			Amount of Deposit

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Citizen's Bank	Date of Payment 12/26/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 430 Forbes Ave	City New Haven	State CT
		Zip Code 06512
Purpose of Expend BNK	Description Purchase checks.	Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum	Expenditure # (if applicable)	Event #
		\$13.25
Total of Section N		\$13.25

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)						TYPE OF REPORT	
						January 10 Filing - Original	
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		
Martin Looney for State Senate						January 10 Filing - Original		
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								
Total of Section P								

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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 (bv 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	
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IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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 (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Martin Looney for State Senate	January 10 Filing - Original

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