

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Working Families for Education Excellence			
3. TREASURER NAME			
First Barbara	MI	Last Lopez	Suffix
4. TREASURER ADDRESS			
Street Address 324 Marion St	City New Haven	State CT	Zip Code 06512
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election 10 - Amendment			
6. PERIOD COVERED			
Beginning Date 07/29/2026		Ending Date thru 07/30/2026	
7. 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, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof. Furthermore, no contribution or covered transfer disclosed herein was solicited, accepted, or received from a foreign national. Electronic Filing TREASURER OR DEPUTY TREASURER (SIGNATURE) Barbara Lopez PRINT NAME OF SIGNER 08/07/2026 2:37:42PM DATE CERTIFIED (mm/dd/yyyy)			
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.			

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
 For Independent Expenditure Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised May 2016

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Working Families for Education Excellence	24 Hour Independent Expenditure General Election 10 - Amendment	
	COLUMN A This Period	COLUMN B Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$118,043.48
9. Balance on hand at the beginning of Reporting Period	\$74,202.31	
10. Monetary Receipts (Section A and B)	\$0.00	\$21,158.83
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$21,158.83
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$74,202.31	\$139,202.31
14. Expenses Paid by Committee (Section G)	\$0.00	\$65,000.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	\$74,202.31	\$74,202.31
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
17. Refundable Deposit to Telephone Company (Section E)	\$0.00	\$0.00
18. Beginning Loan Balance	\$0.00	
18a. + Loans Received (Section C)	\$0.00	\$0.00
18b. + Interest and Penalties on Loan	\$0.00	\$0.00
18c. - Payments on Loan	\$0.00	\$0.00
18d. Total Outstanding Loan Amount	\$0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	\$0.00	\$0.00
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	\$8,949.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$73,466.45	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

A. Total Contributions from Small Individual Contributors-Received this Period ONLY**Subtotal Section A***(See instructions for definition of Small Individual Contributor)***B. Itemized Monetary Receipts**

Name									
Street Address				City			State	Zip Code	
Principal Occupation (if applicable)					Name of Employer (if applicable)				
Source Type :		Individual/Sole Proprietorship		Committee		Other		Type of Receipt :	
Bank		Affiliated Business Entity		Affiliated Organization				Contribution	
								Reimbursement for Shared Expense	
								Contribution from Affiliated Treasury	
								Miscellaneous	
Is this receipt associated with an event reported in Section F?		Yes	Method of Receipt		Cash	Check	EFT	Aggregate Receipts	
If yes, list Event #		No	Credit/Debit Card		Payroll Deduction	Money Order			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes	Is contributor a state contractor, prospective state contractor or principal thereof?					Yes	No
		No	If yes, indicate which branch or branches of government the contract is with:					Executive	Legislative
Description (if applicable)							Date Received		Amount Received
Total of Section B									
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>									

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Working Families for Education Excellence	24 Hour Independent Expenditure General Election 10 - Amendment
C. Loans Received this Period	
Name of Lender	Source of Loan:
	Bank Individual Committee 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 C	

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

Working Families for Education Excellence

24 Hour Independent Expenditure General
Election 10 - Amendment**D. In-Kind Contributions**

Name

Street Address

City

State

Zip Code

Type of Contributor:

Individual / Sole Proprietorship

Committee

Date Received

Aggregate Receipts

Other

Affiliated Business Entity

Affiliated Organization

Is Contributor a lobbyist, spouse, or
dependent child of a lobbyist?

Yes

No

Is contributor a state contractor, prospective state contractor or principal thereof?

Yes

No

If yes, indicate which branch or branches of
government the contract is with:

Executive

Legislative

Fair Market Value of this
ContributionIs this contribution associated with an event
reported in Section F?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Total of Section D**I. Receipts (Sections A - E)**

NAME OF COMMITTEE

TYPE OF REPORT

Working Families for Education Excellence

24 Hour Independent Expenditure General
Election 10 - Amendment**E. Refundable Deposit to Telephone Company**

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of
Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section E

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Working Families for Education Excellence		24 Hour Independent Expenditure General Election 10 - Amendment	
F. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No
Location: Street Address		City	State Zip Code

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Working Families for Education Excellence		24 Hour Independent Expenditure General Election 10 - Ame	
G. Expenses Paid By Committee			
Name of Payee		Date of Payment	Method of Payment Check # Debit Card EFT
Street Address		City	State Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No If yes, complete Section G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)		Office Sought	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum Yes No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section Number G	Associated with Referendum? Yes No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	Expenditure Number If yes, what is the expenditure number of the expense previously incurred? Section Number I	Amount Final or Full Payment Partial with Balance Owing	
Total of Section G			

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)

TYPE OF REPORT

Working Families for Education Excellence

24 Hour Independent Expenditure General Election
10 - Amendment**H. Expenses Incurred on Committee Credit Card**

Name of Issuing Institution

Type of Credit Card:

Visa

Master Card

Discover

American Express

Other

Name of Vendor, Person or Entity

Date of Transaction

Street Address

City

State

Zip Code

If an Independent Expenditure, is it on behalf of
more than one candidate?If yes, complete
Section H. Addendum

Yes

No

Description (only complete if Independent Expenditure has ONE Expenditure Code - if more
than one, Complete Section H. Addendum)

Event #

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate -
if more than one, Complete Section H. Addendum)

Office Sought

Supported

Opposed

Does Expenditure have more than one
expenditure code? IF yes, complete
Section H. Addendum

Yes

No

Purpose of Expenditure
(by code)

Expenditure Number

Section

Number

Associated with Referendum?

Yes

No

Amount

Total of Section H

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Working Families for Education Excellence				24 Hour Independent Expenditure General Election 10 - Amendment	
I. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Speakeasy Political				07/30/2026	
Street Address			City	State	Zip Code
1902 Van Ness Ave			San Francisco	CA	94109
If an Independent Expenditure, is it on behalf of more than one candidate?		Description		Event #	
☐ Yes ☒ No If yes, complete Section I. Addendum		Direct mail (estimate)			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	☒ Supported ☐ Opposed	
Maryam Khan			State Senator		
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?	Amount
☐ Yes ☒ No	A-DM	Section I	Number	☐ Yes ☒ No	\$8,000.00
Name of Creditor				Date Incurred	
Speakeasy Political				07/30/2026	
Street Address			City	State	Zip Code
1902 Van Ness Ave			San Francisco	CA	94109
If an Independent Expenditure, is it on behalf of more than one candidate?		Description		Event #	
☐ Yes ☒ No If yes, complete Section I. Addendum		Direct mail (estimate)			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum)			Office Sought	☒ Supported ☐ Opposed	
Maryam Khan			State Senator		
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?	Amount
☐ Yes ☒ No	A-DM	Section I	Number	☐ Yes ☒ No	\$8,949.00
Total of Section I					\$8,949.00

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Working Families for Education Excellence				24 Hour Independent Expenditure General Election 10 - Amendment	
J. Itemization of Reimbursements and Secondary Payees					
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G		
			Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes No If yes, complete Section J. Addendum		Description		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)			Office Sought		Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number J		Associated with Referendum? Yes No	Amount
Total of Section J					

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Working Families for Education Excellence				24 Hour Independent Expenditure General Election 10 - Amendment	
K. Five Largest Contributions Disclosed in Communication					
Source of Contribution - Name of Person Making Contribution				Expenditure Number Section Number	
Address of Person Making Contribution - City				State	Zip Code
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution				Amount	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Working Families for Education Excellence	24 Hour Independent Expenditure General Election 10 - Amendment
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication	

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section Number	
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer - City (if known)	State	Zip Code

Section G. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
G. Expenses Paid By Committee - Addendum			
Expenditure Number as reported in Section G G		Total Amount of the Expenditure	
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

H. Expenses Incurred on Committee Credit Card - Addendum

Expenditure Number as reported in Section H	Total Amount of Expenditure
H	

Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	Total Amount of the Expenditure
I	

Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

Section J. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

J. Itemization of Reimbursements and Secondary Payees - Addendum

Expenditure Number as reported in Section J J	Total Amount of the Expenditure
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Description		Expenditure Code	
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated