SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Political Committees

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised 2024

Electronic Filing

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COVER PAGE

1. NAME OF COMMITTEE	2. ELECTION/REFERENDUM DATE
Connecticut for the Future	

3. TREASURER NAME

First	MI	Last	Suffix
Andrew	**I**	**Grossman**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
17 Hop Holw	**Simsbury**	**CT**	**06070**

5. TYPE OF REPORT

24 Hour Independent Expenditure Primary 2 - Original

6. PERIOD COVERED

Beginning Date		Ending Date
07/31/2026	thru	**07/31/2026**

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	**Andrew Grossman**	**08/01/2026 6:26:41PM**
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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	
Connecticut for the Future	**24 Hour Independent Expenditure Primary 2 - Original**	
	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		**$0.00**
9. Balance on hand at the beginning of Reporting Period	**$109,008.74**	
10. Monetary Receipts (Section A and B)	**$0.00**	**$150,000.00**
11. Loans (Section C)	**$0.00**	**$5.00**
12. Total Monetary Receipts (add totals for lines 10 through 11)	**$0.00**	**$150,005.00**
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	**$109,008.74**	**$150,005.00**
14. Expenses Paid by Committee (Section G)	**$29,130.88**	**$70,127.14**
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	**$79,877.86**	**$79,877.86**
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	**$5.00**	
18a. + Loans Received (Section C)	**$0.00**	**$5.00**
18b. + Interest and Penalties on Loan	**$0.00**	**$0.00**
18c. - Payments on Loan	**$0.00**	**$0.00**
18d. Total Outstanding Loan Amount	**$5.00**	
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)	**$0.00**	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	**$0.00**	

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

(See instructions for definition of Small Individual Contributor)

Subtotal Section A

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
Bank Affiliated Business Entity Affiliated Organization

Type of Receipt : Contribution Reimbursement for Shared Expense
Bank Interest Surplus Distribution Contribution from Affiliated Treasury
Miscellaneous

Is this receipt associated with an event reported in Section F? Yes / No

If yes, list Event #

Method of Receipt: Cash Check EFT
Credit/Debit Card Payroll Deduction Money Order

Aggregate Receipts

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

Amount Received

Description (if applicable) | Date Received

Total of Section B

TOTAL OF ALL RECEIPTS (Sections A & B) *(Total on Line 10 of Summary Page)*

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

C. Loans Received this Period

Name of Lender | Source of Loan: Bank Individual Committee 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 C

I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

D. In-Kind Contributions

Name

Street Address	City	State	Zip Code

Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization

Date Received

Aggregate Receipts

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 Contribution

Is this contribution associated with an event reported in Section F? Yes No

If yes, list Event#

Description of In-Kind Contribution

Total of Section D

I. Receipts (Sections A - E

NAME OF COMMITTEE	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

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
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

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
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Resonance Campaigns	07/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1319 F St NW Ste 301 PMB 220	Washington	DC	20004

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Direct Mail Ad	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
Eli Sabin	State Representative	☒ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	A-DM	G		☐ Yes ☒ No	$10,789.47

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Resonance Campaigns	07/31/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
1319 F St NW Ste 301 PMB 220	Washington	DC	20004

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☒ No If yes, complete Section G. Addendum	Direct Mail Ad	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G.Addendum)	Office Sought	
Eli Sabin	State Representative	☒ Supported ☐ Opposed

Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Expenditure Number Number	Associated with Referendum?	Amount
☐ Yes ☒ No	A-DM	G		☐ Yes ☒ No	$18,341.41

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Expenditure Number Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Total of Section G	$29,130.88

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

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? Yes No If yes, complete Section H. Addendum	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	Expenditure Number Number	Associated with Referendum? Yes No	Amount
		H			

Total of Section H	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

I. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor			Date Incurred	
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 I. Addendum	Description			Event #
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

Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum (Yes / No)	Purpose of Expenditure (by code)	Expenditure Number: Section	Expenditure Number: Number	Associated with Referendum? (Yes / No)	Amount
		I			

Total of Section I	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

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	Expenditure Number: Number	Associated with Referendum? (Yes / No)	Amount
		J			

Total of Section J	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number
Government That Works PAC	G	

Address of Person Making Contribution - City		State	Zip Code
611 Pennsylvania Ave SE Ste 143	Washington	DC	20003

Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount
Chris Koob, Treasurer	$150,000.00

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut for the Future	24 Hour Independent Expenditure Primary 2 - Original

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	Expenditure Number Number
Government That Works PAC	G	

Name of Person Making Covered Transfer to Person Reported in Section K
Civitech, PBC

Address of Person Making Covered Transfer - City (if known)		State	Zip Code
2105 E Mlk Jr Blvd Ste 359	Austin	TX	78702

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section	Expenditure Number Number
Government That Works PAC	G	

Name of Person Making Covered Transfer to Person Reported in Section K
America Votes

Address of Person Making Covered Transfer - City (if known)		State	Zip Code
1155 Connecticut Ave NW Ste 600	Washington	DC	20036

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section	Expenditure Number Number
Government That Works PAC	G	

Name of Person Making Covered Transfer to Person Reported in Section K
Institute for Responsive Government

Address of Person Making Covered Transfer - City (if known)		State	Zip Code
1440 W Taylor St Ste 950	Chicago	IL	60607

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section	Number
Government That Works PAC	G	

Name of Person Making Covered Transfer to Person Reported in Section K
Sixteen Thirty Fund

Address of Person Making Covered Transfer - City (if known)		State	Zip Code
1828 L St NW Ste 400-B	Washington	DC	20036

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number Section	Number
Government That Works PAC	G	

Name of Person Making Covered Transfer to Person Reported in Section K
Contours Inc.

Address of Person Making Covered Transfer - City (if known)		State	Zip Code
1151 Walker Rd # 596	Dover	DE	19904

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	**Total Amount of the Expenditure**
G	

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	Total Amount of the Expenditure
J	

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