

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	
Working Families for Education Excellence			
3. TREASURER NAME			
First	MI	Last	Suffix
Lindsay	S	Farrell	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
169 Still Rd	West Hartford	CT	06117
5. TYPE OF REPORT			
24 Hour Independent Expenditure Primary 8 - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
04/01/2026		05/20/2026	
thru			
7. 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, 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	Lindsay Farrell	05/21/2026 12:10:07PM	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p>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.</p>			

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 Primary 8 - 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		\$118,043.48
9. Balance on hand at the beginning of Reporting Period	\$133,043.48	
10. Monetary Receipts (Section A and B)	\$0.00	\$15,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$15,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$133,043.48	\$133,043.48
14. Expenses Paid by Committee (Section G)	\$18,000.00	\$18,000.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	\$115,043.48	\$115,043.48
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)	\$14,000.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$14,000.00	

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 <i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A
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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 :	Contribution	Reimbursement for Shared Expense	
	Bank	Affiliated Business Entity	Affiliated Organization		Bank Interest	Surplus Distribution	
					Miscellaneous	Contribution from Affiliated Treasury	
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	Amount Received
	No	If yes, indicate which branch or branches of government the contract is with:			Executive	Legislative	
Description (if applicable)					Date 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 Primary 8 - Original

C. Loans Received this Period

Name of Lender		Source of Loan:			Date of Receipt
		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					
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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 Primary 8 - Original
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? If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Yes No Fair Market Value of this Contribution
Is 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 Primary 8 - Original
E. 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	
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 Primary 8 - Original

F. Event Information

Event #	Letter	Description	Was this a fundraising event?	
Date of 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 Primary 8 - Original

G. Expenses Paid By Committee

Name of Payee Sullivan Insight	Date of Payment 05/19/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1828 NE Riley Dr	City Lee's Summit	State MO	Zip Code 64086

If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) Polling & Research	Event #
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) POLLS	Expenditure Number Section: G Number: 616650	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$18,000.00
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Is this expenditure payment for an expense previously reported as an expense incurred in Section I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what is the expenditure number of the expense previously incurred? Expenditure Number Section: I Number:	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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Total of Section G	\$18,000.00
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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 Primary 8 - Original

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution	Type of Credit Card: Visa Master Card Discover American Express Other
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Name of Vendor, Person or Entity	Date of Transaction
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Street Address	City	State	Zip Code
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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 #
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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
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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 H	Associated with Referendum? Yes No	Amount
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Total of Section H				
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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 Primary 8 - Original

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

Name of Creditor		Date Incurred	
Data For Progress		05/19/2026	
Street Address		City	State
815 16th St NW Ste 5080		Washington	DC
		Zip Code	
		20006	
If an Independent Expenditure, is it on behalf of more than one candidate?		Description	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section I. Addendum		Polling (Estimate)	
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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum	Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	POLLS	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		I	
			Amount
			\$14,000.00

Total of Section I**\$14,000.00**

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 Primary 8 - 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	Purpose of Expenditure (by code)	Expenditure Number Section Number J		Associated with Referendum? Yes No Amount
Yes No				

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 Primary 8 - Original

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 Primary 8 - 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	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
Working Families for Education Excellence	24 Hour Independent Expenditure Primary 8 - Original

G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G	Total Amount of the Expenditure
G	\$18,000.00
616650	

Description			Expenditure Code
Polling & Research			POLLS
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Anita Ford Saunders	State Senator	<input checked="" type="checkbox"/> Opposed	\$4,000.00

Description			Expenditure Code
Polling & Research			POLLS
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Doug McCrory	State Senator	<input checked="" type="checkbox"/> Opposed	\$7,000.00

Description			Expenditure Code
Polling & Research			POLLS
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Lucy Dathan	State Senator	<input checked="" type="checkbox"/> Opposed	\$7,000.00

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	Amount Allocated
		Opposed	

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	Amount Allocated
		Opposed	

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

Amount Allocated

Opposed