

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	
Solidarity in Action		11/04/2025	

3. TREASURER NAME			
First	MI	Last	Suffix
Steven		Klee	

4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
12 Long Mountain Rd	New Milford	CT	06776

5. TYPE OF REPORT
7th Day Preceding Special Election - Original

6. PERIOD COVERED	
Beginning Date	Ending Date
10/01/2025	thru 10/26/2025

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	Steven Klee	10/28/2025 8:43:23AM
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	
Solidarity in Action	7th Day Preceding Special Election - 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	\$0.00	
10. Monetary Receipts (Section A and B)	\$50,000.00	\$50,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$50,000.00	\$50,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$50,000.00	\$50,000.00
14. Expenses Paid by Committee (Section G)	\$0.00	\$0.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$50,000.00	\$50,000.00
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)	\$42,445.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$42,445.00	

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Solidarity in Action	TYPE OF REPORT 7th Day Preceding Special Election - Original
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A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A	\$0.00
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B. Itemized Monetary Receipts

Name IAFF Straford Professional Firefighters Local 998				
Street Address 2750 Main St Ste 105		City Stratford	State CT	Zip Code 06615
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	<input checked="" type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$50,000.00	
If yes, list Event #	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description (if applicable)		Date Received 10/17/2025		Amount Received \$25,000.00

Name IAFF Straford Professional Firefighters Local 998				
Street Address 2750 Main St Ste 105		City Stratford	State CT	Zip Code 06615
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	<input checked="" type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts \$25,000.00	
If yes, list Event #	Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description (if applicable)		Date Received 10/09/2025		Amount Received \$25,000.00

Total of Section B			\$50,000.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$50,000.00

I. RECEIPTS (Section A-E)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Solidarity in Action				7th Day Preceding Special Election - 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	

I. RECEIPTS (Sections A-E)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Solidarity in Action				7th Day Preceding Special Election - 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?		Is contributor a state contractor, prospective state contractor or principal thereof?		Fair Market Value of this Contribution	
Yes No		Yes No			
		If yes, indicate which branch or branches of government the contract is with:			
		Executive Legislative			
Is this contribution associated with an event reported in Section F?		Description of In-Kind Contribution			
Yes No					
If yes, list Event#					
				Total of Section D	

I. Receipts (Sections A - E)				
NAME OF COMMITTEE			TYPE OF REPORT	
Solidarity in Action			7th Day Preceding Special Election - Original	
E. Refundable Deposit to Telephone Company				
Last Name of Individual		First Name		Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone company				Amount of Deposit
Street Address		City	Zip Code	
Total of Section E				

II. EVENT ACTIVITY (Sections F)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Solidarity in Action			7th Day Preceding Special Election - 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
Solidarity in Action	7th Day Preceding Special Election - Original

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 Number		Associated with Referendum? Yes No
Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section Number I Number		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
Solidarity in Action	7th Day Preceding Special Election - 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
Solidarity in Action	7th Day Preceding Special Election - Original

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

Name of Creditor		Date Incurred	
Threshold Group, Inc		10/20/2025	
Street Address		City	State
11 E 44th St Rm 300		New York	NY
Zip Code		Event #	
10017			
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete Section I. Addendum		Description	
		Digital advertising	
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 checked="" type="checkbox"/> Supported
David Chess		Mayor	<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	A-WEB	Section Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		I	
			Amount
			\$42,445.00

Total of Section I	\$42,445.00
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Solidarity in Action	7th Day Preceding Special Election - 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 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
Solidarity in Action	7th Day Preceding Special Election - Original

K. Five Largest Contributions Disclosed in Communication

Source of Contribution - Name of Person Making Contribution IAFF Stratford Professional Firefighters Local 998	Expenditure Number Section Number	
Address of Person Making Contribution - City 2750 Main St Ste 105 Stratford	State CT	Zip Code 06615
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution	Amount \$50,000.00	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Solidarity in Action	7th Day Preceding Special Election - 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

G. Expenses Paid By Committee - Addendum

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

Amount Allocated

Opposed