

**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	
<b>ACLU of Connecticut Rise PAC</b>			
3. TREASURER NAME			
First <b>David</b>	MI <b>J</b>	Last <b>McGuire</b>	Suffix
4. TREASURER ADDRESS			
Street Address <b>176 S Main St</b>	City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06107</b>
5. TYPE OF REPORT			
<b>April 10 Filing - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>01/01/2026</b>		<b>03/31/2026</b>	
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 <b>Itemized Campaign Finance Disclosure Statement</b> 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.			
<b>Electronic Filing</b>	<b>David McGuire</b>	<b>04/01/2026 11:17:42AM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>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.</b></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	
<b>ACLU of Connecticut Rise PAC</b>	April 10 Filing - Original	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		<b>\$593.04</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$593.04</b>	
10. Monetary Receipts (Section A and B)	<b>\$0.00</b>	<b>\$0.00</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$0.00</b>	<b>\$0.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$593.04</b>	<b>\$593.04</b>
14. Expenses Paid by Committee (Section G)	<b>\$77.14</b>	<b>\$77.14</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$515.90</b>	<b>\$515.90</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$0.00</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$0.00</b>	

**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	Type of Receipt :	Contribution	Reimbursement for Shared Expense				
Bank	Affiliated Business Entity	Affiliated Organization		Bank Interest	Surplus Distribution	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	Amount Received	
	No	If yes, indicate which branch or branches of government the contract is with:					Executive	Legislative		
Description (if applicable)							Date Received			
								<b>Total of Section B</b>		
<b>TOTAL OF ALL RECEIPTS</b> (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
ACLU of Connecticut Rise PAC	April 10 Filing - 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		
								<b>Total of Section C</b>	

**I. RECEIPTS (Sections A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
ACLU of Connecticut Rise PAC	April 10 Filing - 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:	Yes No Executive Legislative	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
ACLU of Connecticut Rise PAC	April 10 Filing - 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
ACLU of Connecticut Rise PAC	April 10 Filing - 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
ACLU of Connecticut Rise PAC	April 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Bill.com		Date of Payment 01/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6220 America Center Dr Ste 10		City San Jose		State CA
Zip Code 95002				
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) Bill paying software		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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) Misc *	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$22.22				
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		Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

Name of Payee Bill.com		Date of Payment 02/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6220 America Center Dr Ste 10		City San Jose		State CA
Zip Code 95002				
If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) bill paying software		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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
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) Misc *	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amount \$22.22				
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		Expenditure Number Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
ACLU of Connecticut Rise PAC	April 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Kira DeSimone	Date of Payment 02/12/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 585 Park Rd Unit 9-1	City Waterbury	State CT	Zip Code 06708

If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) Postage	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
---	---

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) RMB	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$10.48
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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	Expenditure Number Section I   Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
---	--	---

Name of Payee Bill.com	Date of Payment 03/06/2026	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 6220 America Center Dr Ste 10	City San Jose	State CA	Zip Code 95002

If an Independent Expenditure, is it on behalf of more than one candidate? <input 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) bill paying software	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
---	---

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) Misc *	Expenditure Number Section G   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$22.22
---	--	--	--	-------------------

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	Expenditure Number Section I   Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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<b>Total of Section G</b>	<b>\$77.14</b>
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**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
ACLU of Connecticut Rise PAC	April 10 Filing - 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 #
---	--	---------

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**

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
ACLU of Connecticut Rise PAC				April 10 Filing - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>					
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      Number  I		Associated with Referendum?  Yes                      No	Amount
<b>Total of Section I</b>					

**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
ACLU of Connecticut Rise PAC	April 10 Filing - Original

**J. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant DeSimone	First Kira	MI	Date of Payment to Vendor, Person or Entity 02/12/2026	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant USPS		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant 639 Straits Tpke		City Watertown	State CT	Zip Code 06795
If an Independent Expenditure, is it on behalf of more than one Candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section J. Addendum	Description certified mail for IRS form		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	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) POST	Expenditure Number Section   Number J	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$10.48
<b>Total of Section J</b>			<b>\$10.48</b>	

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
ACLU of Connecticut Rise PAC	April 10 Filing - 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
ACLU of Connecticut Rise PAC	April 10 Filing - Original
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>	

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**

<b>Expenditure Number as reported in Section G</b> <b>G</b>	<b>Total Amount of the Expenditure</b>
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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

<b>Expenditure Number as reported in Section H</b>	<b>Total Amount of Expenditure</b>
<b>H</b>	

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

<b>Expenditure Number as reported in Section I</b>	<b>Total Amount of the Expenditure</b>
<b>I</b>	

Description	Expenditure Code

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

<b>Section J. ADDENDUM</b>			
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
<b>J. Itemization of Reimbursements and Secondary Payees - Addendum</b>			
Expenditure Number as reported in Section J	Total Amount of the Expenditure		
<b>J</b>			
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	