

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 Lindsay | MI S | Last Farrell | Suffix |
| 4. TREASURER ADDRESS | | | |
| Street Address 169 Still Rd | City West Hartford | State CT | Zip Code 06117 |
| 5. TYPE OF REPORT | | | |
| April 10 Filing - Original | | | |
| 6. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 01/01/2026 | | thru 03/31/2026 | |
| 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 | 04/10/2026 9:21:13AM | |
| 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 | April 10 Filing - 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 | \$118,043.48 | |
| 10. Monetary Receipts (Section A and B) | \$15,000.00 | \$15,000.00 |
| 11. Loans (Section C) | \$0.00 | \$0.00 |
| 12. Total Monetary Receipts (add totals for lines 10 through 11) | \$15,000.00 | \$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) | \$0.00 | \$0.00 |
| 15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum | \$133,043.48 | \$133,043.48 |
| 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) | \$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) Working Families for Education Excellence | TYPE OF REPORT April 10 Filing - Original |
|--|--|

| | | |
|--|---------------------------|---------------|
| 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 |
|--|---------------------------|---------------|

B. Itemized Monetary Receipts

| | | | |
|--|---|--|---|
| Name SEIU Local 32BJ Connecticut PAC | | | |
| Street Address 25 W 18th St Fl 5 | City New York | State NY | Zip Code 10011 |
| Principal Occupation (if applicable) | | Name of Employer (if applicable) | |
| Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity | <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Affiliated Organization | 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"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction | <input type="checkbox"/> EFT <input type="checkbox"/> Money Order | Aggregate Receipts \$30,000.00 |
| If yes, list Event # | Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount Received |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | |
| Description (if applicable) | Date Received 03/31/2026 | \$15,000.00 | |
| Total of Section B | | | \$15,000.00 |
| TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i> | | | \$15,000.00 |

I. RECEIPTS (Section A-E)

| | |
|--|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) Working Families for Education Excellence | TYPE OF REPORT April 10 Filing - Original |
|--|--|

C. Loans Received this Period

| | | | | |
|--|---|-----------------|----------|---|
| Name of Lender | Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other | Date of Receipt | | |
| Street Address | City | State | Zip Code | Is there a cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | 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 |
| Working Families for Education Excellence | 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 |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |
| Amount of Deposit | | | |

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 | 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 |
| Working Families for Education Excellence | April 10 Filing - 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 | Amount |
|---|--|---|--|--------|

| | | |
|---|---|---|
| Is this expenditure payment for an expense previously reported as an expense incurred in Section I Yes No | 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 |
| Working Families for Education Excellence | 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 |
|------------------------------------|---|

| | |
|---|----------------------------|
| 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 Number H | 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 | April 10 Filing - 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 Number I | Associated with Referendum? Yes No | Amount |
| | | | | |

| | |
|---------------------------|--|
| Total of Section I | |
|---------------------------|--|

III. EXPENDITURES (Sections G - J)

| | |
|---|----------------------------|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| Working Families for Education Excellence | April 10 Filing - 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 |
| Working Families for Education Excellence | 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 |
| Working Families for Education Excellence | April 10 Filing - 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 |
|--|--|

| | | | |
|-------------------|-------------------------------|--------------------------|------------------|
| 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