

SEEC FORM 40

**Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised 2024



Electronic Filing

Do Not Mark in This Space For Official Use Only

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
January 10 Filing - Original

6. PERIOD COVERED	
Beginning Date	Ending Date
10/27/2025	thru 12/31/2025

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	01/02/2026 9:17:12AM
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	January 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		\$0.00
9. Balance on hand at the beginning of Reporting Period	\$50,000.00	
10. Monetary Receipts (Section A and B)	\$0.00	\$50,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$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)	\$49,945.00	\$49,945.00
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$55.00	\$55.00
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)	\$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 <i>(See instructions for definition of Small Individual Contributor)</i>	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				Aggregate Receipts	
	No	Cash	Check	EFT			
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
	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
Solidarity in Action	January 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		
								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			January 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	
Solidarity in Action			January 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				Amount of Deposit
Street Address		City	State	
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	January 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

Solidarity in Action

January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Threshold Group		Date of Payment 10/27/2025		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 11 E 44th St Rm 300		City New York		State NY	Zip Code 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 G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Digital Advertising			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Laura Hoydick				Office Sought Mayor	<input type="checkbox"/> Supported <input checked="" 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) A-WEB	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$42,445.00	
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 Chris Anderson		Date of Payment 11/19/2025		Method of Payment <input checked="" type="checkbox"/> Check # 995002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 38 Forest St		City New Britain		State CT	Zip Code 06052
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 G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Compliance			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Laura Hoydick				Office Sought Mayor	<input type="checkbox"/> Supported <input checked="" 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) CNSLT	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,500.00	
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) Solidarity in Action	TYPE OF REPORT January 10 Filing - Original
G. Expenses Paid By Committee	

Name of Payee Volterra LLC	Date of Payment 11/25/2025	Method of Payment <input checked="" type="checkbox"/> Check # 995001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 2022 Columbia Rd NW # 606	City Washington	State DC	Zip Code 20009

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 G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Consulting	Event #
---	---	---------

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Laura Hoydick	Office Sought Mayor	<input type="checkbox"/> Supported <input checked="" 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) CNSLT	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$5,000.00
---	--	---	--	-----------------------------

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 Steven Klee	Date of Payment 12/15/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 12 Long Mountain Rd	City New Milford	State CT	Zip Code 06776

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 G. Addendum	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Treasurer	Event #
---	--	---------

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Laura Hoydick	Office Sought Mayor	<input type="checkbox"/> Supported <input checked="" 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) CNSLT	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,000.00
---	--	---	--	-----------------------------

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
---	---	---

Total of Section G	\$49,945.00
---------------------------	--------------------

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Solidarity in Action	January 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
Solidarity in Action	January 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
Solidarity in Action	January 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
Solidarity in Action	January 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
Solidarity in Action	January 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	