

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	
Hands Off Our Schools			
3. TREASURER NAME			
First	MI	Last	Suffix
Andrew		Brooks	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
43 Park Pl	New Canaan	CT	06840
5. TYPE OF REPORT			
January 10 Filing - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/27/2025		12/31/2025	
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	Andrew Brooks	02/01/2026 11:52:12PM	
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	
Hands Off Our Schools	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		\$29,577.30
9. Balance on hand at the beginning of Reporting Period	\$53,243.65	
10. Monetary Receipts (Section A and B)	\$60,033.00	\$90,063.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$60,033.00	\$90,063.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$113,276.65	\$119,640.30
14. Expenses Paid by Committee (Section G)	\$249.55	\$6,613.20
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$113,027.10	\$113,027.10
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
Hands Off Our Schools	January 10 Filing - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY	Subtotal Section A	\$33.00
<i>(See instructions for definition of Small Individual Contributor)</i>		

B. Itemized Monetary Receipts

Name Gregory Cohen				
Street Address 714 Lake Ave		City Greenwich	State CT	Zip Code 06830
Principal Occupation (if applicable) Investor		Name of Employer (if applicable) Rambleside		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input checked="" type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> EFT <input type="checkbox"/> Money Order
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Aggregate Receipts \$5,000.00
Description (if applicable)			Date Received 11/03/2025	Amount Received \$5,000.00

Name George Fox				
Street Address 1 Broad St # 29 EF		City Stamford	State CT	Zip Code 06901
Principal Occupation (if applicable) President		Name of Employer (if applicable) Titan Advisors		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Check <input type="checkbox"/> Payroll Deduction	<input checked="" type="checkbox"/> EFT <input type="checkbox"/> Money Order
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	Aggregate Receipts \$130,000.00
Description (if applicable)			Date Received 10/30/2025	Amount Received \$50,000.00

Name Ernst Ohnell			
Street Address 75 Khakum Wood Rd		City Greenwich	State CT
Zip Code 06831			
Principal Occupation (if applicable) Retired		Name of Employer (if applicable) Retired	
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship	<input type="checkbox"/> Committee	<input type="checkbox"/> Other	Type of Receipt : <input checked="" type="checkbox"/> Contribution
<input type="checkbox"/> Bank	<input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Affiliated Organization	<input type="checkbox"/> Reimbursement for Shared Expense
		<input type="checkbox"/> Bank Interest	<input type="checkbox"/> Surplus Distribution
		<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes	Method of Receipt <input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Check	<input type="checkbox"/> EFT
If yes, list Event # <input checked="" type="checkbox"/> No	<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Money Order
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Receipts \$5,000.00
<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		Amount Received
Description (if applicable)	Date Received 10/30/2025		\$5,000.00
Total of Section B			\$60,000.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			\$60,033.00

I. RECEIPTS (Section A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1) Hands Off Our Schools			TYPE OF REPORT January 10 Filing - Original	
C. Loans Received this Period				
Name of Lender		Source of Loan: Bank Individual Committee Other		Date of Receipt
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
Hands Off Our Schools	January 10 Filing - Original

D. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received
Other	Affiliated Business Entity	Affiliated Organization	Aggregate Receipts
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
Hands Off Our Schools	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			
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
Hands Off Our Schools	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
Hands Off Our Schools	January 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee Anedot Inc.	Date of Payment 11/28/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 3723 Greenville Ave Ste 41002	City Dallas	State TX	Zip Code 75206

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) Transaction fees charged by Anedot	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) Misc *	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1.62
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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	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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Name of Payee TD Bank, N.A.	Date of Payment 12/19/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 380 Main Ave	City Norwalk	State CT	Zip Code 06851

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) Credit Card Payment for Website	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) CCP	Expenditure Number Section G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$247.93
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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	If yes, what is the expenditure number of the expense previously incurred? <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
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Total of Section G	\$249.55
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III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	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
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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

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Hands Off Our Schools	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	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No
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
Hands Off Our Schools	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
Hands Off Our Schools	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
Hands Off Our Schools	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
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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	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	