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
The Property Owner Defense League	

3. TREASURER NAME

First	MI	Last	Suffix
Robert	**J**	**De Cosmo**	**Sr**

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
141 Greenmount Ter	**Waterbury**	**CT**	**06708**

5. TYPE OF REPORT

July 10 Filing - Original

6. PERIOD COVERED

Beginning Date		Ending Date
04/01/2026	thru	**06/30/2026**

7. CERTIFICATION

☑ 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	**Robert De Cosmo**	**07/08/2026 10:22:39AM**
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	
The Property Owner Defense League	**July 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		**$8,551.32**
9. Balance on hand at the beginning of Reporting Period	**$8,236.95**	
10. Monetary Receipts (Section A and B)	**$795.00**	**$1,610.00**
11. Loans (Section C)	**$0.00**	**$0.00**
12. Total Monetary Receipts (add totals for lines 10 through 11)	**$795.00**	**$1,610.00**
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	**$9,031.95**	**$10,161.32**
14. Expenses Paid by Committee (Section G)	**$30.69**	**$1,160.06**
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both columns)	**$9,001.26**	**$9,001.26**
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
The Property Owner Defense League	July 10 Filing - Original

A. Total Contributions from Small Individual Contributors-Received this Period ONLY — **Subtotal Section A** **$0.00**

(See instructions for definition of Small Individual Contributor)

B. Itemized Monetary Receipts

Name: Menahem Lebenhartz

Street Address: 151 E 31st St Apt 30B | City: New York | State: NY | Zip Code:

Principal Occupation (if applicable): manager | Name of Employer (if applicable): Lionhart holdings llc

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No — If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,770.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Description (if applicable):

Date Received: 06/30/2026

Amount Received: $115.00

Name: Abraham Meer

Street Address: 419 Whalley Ave Ste 200 | City: New Haven | State: CT | Zip Code:

Principal Occupation (if applicable): Real Estate Manager | Name of Employer (if applicable): self

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No — If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $1,650.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Description (if applicable):

Date Received: 06/07/2026

Amount Received: $150.00

Name: Menahem Lebenhartz

Street Address: 151 E 31st St Apt 30B | City: New York | State: NY | Zip Code:

Principal Occupation (if applicable): manager | Name of Employer (if applicable): Lionhart holdings llc

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,655.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $115.00

Description (if applicable):

Date Received: 05/30/2026

Name: Abraham Meer

Street Address: 419 Whalley Ave Ste 200 | City: New Haven | State: CT | Zip Code:

Principal Occupation (if applicable): Real Estate Manager | Name of Employer (if applicable): self

Source Type : [x] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt : [x] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [x] No

If yes, list Event #

Method of Receipt [ ] Cash [ ] Check [x] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $1,500.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [x] No

Is contributor a state contractor, prospective state contractor or principal thereof ? [ ] Yes [x] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $150.00

Description (if applicable):

Date Received: 05/07/2026

Name: Menahem Lebenhartz

Street Address: 151 E 31st St Apt 30B | City: New York | State: NY | Zip Code:

Principal Occupation (if applicable): manager | Name of Employer (if applicable): Lionhart holdings llc

Source Type: [X] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt: [X] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [X] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [X] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $3,540.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Is contributor a state contractor, prospective state contractor or principal thereof? [ ] Yes [X] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $115.00

Description (if applicable):

Date Received: 04/30/2026

Name: Abraham Meer

Street Address: 419 Whalley Ave Ste 200 | City: New Haven | State: CT | Zip Code:

Principal Occupation (if applicable): Real Estate Manager | Name of Employer (if applicable): self

Source Type: [X] Individual/Sole Proprietorship [ ] Committee [ ] Other [ ] Bank [ ] Affiliated Business Entity [ ] Affiliated Organization

Type of Receipt: [X] Contribution [ ] Reimbursement for Shared Expense [ ] Bank Interest [ ] Surplus Distribution [ ] Contribution from Affiliated Treasury [ ] Miscellaneous

Is this receipt associated with an event reported in Section F? [ ] Yes [X] No

If yes, list Event #

Method of Receipt: [ ] Cash [ ] Check [X] EFT [ ] Credit/Debit Card [ ] Payroll Deduction [ ] Money Order

Aggregate Receipts: $1,350.00

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? [ ] Yes [X] No

Is contributor a state contractor, prospective state contractor or principal thereof? [ ] Yes [X] No

If yes, indicate which branch or branches of government the contract is with: [ ] Executive [ ] Legislative

Amount Received: $150.00

Description (if applicable):

Date Received: 04/07/2026

Total of Section B	**$795.00**
TOTAL OF ALL RECEIPTS (Sections A & B) *(Total on Line 10 of Summary Page)*	**$795.00**

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 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
The Property Owner Defense League	July 10 Filing - Original

D. In-Kind Contributions

Name			
Street Address	City	State	Zip Code
Type of Contributor: Individual / Sole Proprietorship Committee Other Affiliated Business Entity Affiliated Organization	Date Received	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? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative	Fair Market Value of this Contribution	
Is this contribution associated with an event reported in Section F? Yes No If yes, list Event#	Description of In-Kind Contribution		
		Total of Section D	

I. Receipts (Sections A - E

NAME OF COMMITTEE	TYPE OF REPORT
The Property Owner Defense League	July 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
The Property Owner Defense League	July 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
The Property Owner Defense League	July 10 Filing - Original

G. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Paypal	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2211 N 1st St	San Jose	CA	

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	payment processing fee	

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	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	Misc *	G		☐ Yes ☒ No	$26.19

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Name of Payee	Date of Payment	Method of Payment
Paypal	06/29/2026	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
2211 N 1st St	San Jose	CA	

If an Independent Expenditure, is it on behalf of more than one candidate?	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	Event #
☐ Yes ☐ No If yes, complete Section G. Addendum	payment processing fee	

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	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number Section	Number	Associated with Referendum?	Amount
☐ Yes ☒ No	Misc *	G		☐ Yes ☒ No	$4.50

Is this expenditure payment for an expense previously reported as an expense incurred in Section I	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section	Number	
☐ Yes ☒ No		I		☐ Final or Full Payment ☐ Partial with Balance Owing

Total of Section G	**$30.69**

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 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	Expenditure Number Number	Associated with Referendum? Yes No	Amount
		H			

Total of Section H	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 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	Expenditure Number: Number	Associated with Referendum? (Yes / No)	Amount
		I			

Total of Section I	

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 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	Associated with Referendum? Yes No	Amount
		J		

Total of Section J	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
The Property Owner Defense League	July 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
The Property Owner Defense League	July 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	**Total Amount of the Expenditure**
G	

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 Opposed	Amount Allocated