

**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>Stand Up for CT</b>			
3. TREASURER NAME			
First <b>Erin</b>	MI	Last <b>McDonough</b>	Suffix
4. TREASURER ADDRESS			
Street Address <b>631 Popes Island Rd</b>	City <b>Milford</b>	State <b>CT</b>	Zip Code <b>06461</b>
5. TYPE OF REPORT			
<b>October 10 Filing - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>07/01/2025</b>		thru <b>09/30/2025</b>	
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> TREASURER OR DEPUTY TREASURER (SIGNATURE)	<b>Erin McDonough</b> PRINT NAME OF SIGNER	<b>10/03/2025 7:49:28AM</b> 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>Stand Up for CT</b>	October 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>\$22,257.68</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$22,239.68</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>\$22,239.68</b>	<b>\$22,257.68</b>
14. Expenses Paid by Committee (Section G)	<b>\$9.00</b>	<b>\$27.00</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	<b>\$22,230.68</b>	<b>\$22,230.68</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
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<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Individual Contributor)</i>	<b>Subtotal Section A</b>
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**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
Stand Up for CT	October 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>							
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I. RECEIPTS (Sections A-E)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Stand Up for CT			October 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#				
<b>Total of Section D</b>				

I. Receipts (Sections A - E)				
NAME OF COMMITTEE			TYPE OF REPORT	
Stand Up for CT			October 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
				Zip Code
<b>Total of Section E</b>				

**II. EVENT ACTIVITY (Sections F)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Stand Up for CT	October 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) <b>Stand Up for CT</b>	TYPE OF REPORT October 10 Filing - Original
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**G. Expenses Paid By Committee**

Name of Payee <b>M &amp; T Bank</b>		Date of Payment <b>07/31/2025</b>	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address <b>850 Main St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
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) <b>Bank fees</b>			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) <b>BNK</b>	Expenditure Number Section <b>G</b>   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount <b>\$3.00</b>
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 If yes, what is the expenditure number of the expense previously incurred? Section <b>I</b>   Number		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing		

Name of Payee <b>M &amp; T Bank</b>		Date of Payment <b>08/29/2025</b>	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address <b>850 Main St</b>		City <b>Bridgeport</b>		State <b>CT</b>	Zip Code <b>06604</b>
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) <b>Bank fees</b>			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) <b>BNK</b>	Expenditure Number Section <b>G</b>   Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount <b>\$3.00</b>
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 If yes, what is the expenditure number of the expense previously incurred? Section <b>I</b>   Number		<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
Stand Up for CT	October 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee M & T Bank	Date of Payment 09/26/2025	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 850 Main St	City Bridgeport	State CT	Zip Code 06604

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) <b>Bank fee</b>	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) BNK	Expenditure Number Section: G   Number:	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$3.00
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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	If yes, what is the expenditure number of the expense previously incurred? 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>\$9.00</b>
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**III. EXPENDITURES (Sections G - J)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
Stand Up for CT	October 10 Filing - Original

**H. Expenses Incurred on Committee Credit Card**

<b>Name of Issuing Institution</b>	<b>Type of Credit Card:</b> Visa      Master Card      Discover      American Express Other
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<b>Name of Vendor, Person or Entity</b>	<b>Date of Transaction</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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<b>If an Independent Expenditure, is it on behalf of more than one candidate?</b> Yes      No      If yes, complete Section H. Addendum	<b>Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)</b>	<b>Event #</b>
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<b>Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section H. Addendum)</b>	<b>Office Sought</b>	<b>Supported</b>  <b>Opposed</b>
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<b>Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum</b> Yes      No	<b>Purpose of Expenditure (by code)</b>	<b>Expenditure Number</b> Section      Number H	<b>Associated with Referendum?</b> Yes      No	<b>Amount</b>
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**Total of Section H**

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

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>	<b>TYPE OF REPORT</b>
Stand Up for CT	October 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

<b>Total of Section I</b>				
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**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Stand Up for CT	October 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
Stand Up for CT	October 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
Stand Up for CT	October 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 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

<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 Opposed	Amount Allocated

<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	