

**SEEC FORM 40****Itemized Campaign Finance Disclosure Statement  
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



Electronic Filing

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Page 1 of 14

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>Grow Connecticut, Inc.</b>			
3. TREASURER NAME			
First <b>Elizabeth</b>	MI	Last <b>Kurantowicz</b>	Suffix
4. TREASURER ADDRESS			
Street Address <b>21 Marne Ave</b>	City <b>Fairfield</b>	State <b>CT</b>	Zip Code <b>06825</b>
5. TYPE OF REPORT			
<b>24 Hour Independent Expenditure General Election 3 - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>01/01/2017</b>		<b>02/23/2017</b>	
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 <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.			
<b>Electronic Filing</b>	<b>Elizabeth Kurantowicz</b>	<b>02/24/2017 2:52:01PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	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>Grow Connecticut, Inc.</b>	<b>24 Hour Independent Expenditure General Election 3 - Original</b>	
	<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>\$11,549.19</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$17,105.19</b>	
10. Monetary Receipts (Section A and B)	<b>\$15,000.00</b>	<b>\$365,000.00</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>\$15,000.00</b>	<b>\$365,000.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$32,105.19</b>	<b>\$376,549.19</b>
14. Expenses Paid by Committee (Section G)	<b>\$19,640.54</b>	<b>\$364,084.54</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$12,464.65</b>	<b>\$12,464.65</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
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3

**A. Total Contributions from Small Individual Contributors-Received this Period ONLY***(See instructions for definition of Small Individual Contributor)*

Subtotal Section A

**\$0.00****B. Itemized Monetary Receipts**

Name Republican State Leadership Committee				
Street Address 1201 F St NW Ste 675		City Washington	State DC	Zip Code 20004
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization	<input checked="" type="checkbox"/> Other	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 type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$365,000.00		
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? <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	Amount Received		
Description (if applicable)		Date Received 02/23/2017	\$15,000.00	
<b>Total of Section B</b>			<b>\$15,000.00</b>	
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>			<b>\$15,000.00</b>	

**I. RECEIPTS (Section A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - 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? Yes No
Name of Cosigner/Guarantor (if applicable)				Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section C</b>				

**I. RECEIPTS (Sections A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - 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: Executive      Legislative	Yes No	Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event#	Yes No	Description of In-Kind Contribution		

<b>Total of Section D</b>	
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**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - 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	

<b>Total of Section E</b>	
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## II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - 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
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - Origin

**G. Expenses Paid By Committee**

Name of Payee Elizabeth Kurantowicz		Date of Payment 01/16/2017		Method of Payment <input checked="" type="checkbox"/> Check # 100 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 21 Marne Ave		City Fairfield		State CT	Zip Code 06825
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input 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) Admin/Compliance			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) OVHD	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$7,000.00	
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   Number I	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		
Name of Payee Clark Hill PLC		Date of Payment 02/02/2017		Method of Payment <input checked="" type="checkbox"/> Check # 101 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address 1001 Pennsylvania Ave NW # 1300S		City Washington		State DC	Zip Code 20004
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input 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) Legal			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) OVHD	Expenditure Number Section   Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$629.00	
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	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		

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Independent Expenditure General Election 3 - Origin	
<b>G. Expenses Paid By Committee</b>			
Name of Payee Capitol Report Media Group		Date of Payment 02/23/2017	Method of Payment <input checked="" type="checkbox"/> Check # 102 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 314 Town St		City East Haddam	State CT Zip Code 06423
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input 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) Banner Ad		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) A-WEB	Expenditure Number Section   Number G   242865	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   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
Name of Payee Majority Strategies		Date of Payment 02/23/2017	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 12854 Kenan Dr Ste 145		City Jacksonville	State FL Zip Code 32258
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input 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) Mobile Advertising		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) A-WEB	Expenditure Number Section   Number G   242866	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount \$11,011.54
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
<b>Total of Section G</b>			<b>\$19,640.54</b>

<b>III. EXPENDITURES (Sections G - J)</b>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Grow Connecticut, Inc.				24 Hour Independent Expenditure General Election 3 - Original	
<b>H. Expenses Incurred on Committee Credit Card</b>					
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
<b>Total of Section H</b>					

<b>III. EXPENDITURES (Sections G - J)</b>				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Grow Connecticut, Inc.			24 Hour Independent Expenditure General Election 3 - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>				
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
<b>Total of Section I</b>				



**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - Original

**K. Five Largest Contributions Disclosed in Communication**

Source of Contribution - Name of Person Making Contribution RSLC	Expenditure Number Section   Number G   242865
Address of Person Making Contribution - City 1201 F St NW Ste 675 Washington	State   Zip Code DC   20004
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Matthew Walter	Amount \$15,000.00
Source of Contribution - Name of Person Making Contribution RSLC	Expenditure Number Section   Number G   242866
Address of Person Making Contribution - City 1201 F St NW Ste 675 Washington	State   Zip Code DC   20004
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Matthew Waler	Amount \$15,000.00

**IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Independent Expenditure General Election 3 - 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 H. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
<b>H. Expenses Incurred on Committee Credit Card - Addendum</b>	
<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		
<b>I. Expenses Incurred by Committee but Not Paid During this Period - Addendum</b>			
<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 <b>J</b>	Total Amount of the Expenditure		
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated