

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 13

COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Change PAC		11/06/2018	
3. TREASURER NAME			
First Ian	MI G	Last Bossert	Suffix
4. TREASURER ADDRESS			
Street Address 101 Washington Blvd	City Stamford	State CT	Zip Code 06902
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election 12 - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/30/2018		thru 10/30/2018	
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.			
Electronic Filing	Ian Bossert	10/31/2018 10:30:43AM	
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	
Change PAC	24 Hour Independent Expenditure General Election 12 - 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	\$170,726.97	
10. Monetary Receipts (Section A and B)	\$1,650,000.00	\$7,430,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$1,650,000.00	\$7,430,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$1,820,726.97	\$7,430,000.00
14. Expenses Paid by Committee (Section G)	\$1,802,774.00	\$7,412,047.03
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	\$17,952.97	\$17,952.97
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
Change PAC	24 Hour Independent Expenditure General Election 1

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 Governors Association				
Street Address 1747 Pennsylvania Ave NW # 250		City Washington	State DC	Zip Code 20006
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 \$7,430,000.00		
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 \$1,650,000.00		
Description (if applicable)		Date Received 10/30/2018	\$1,650,000.00	
Total of Section B				\$1,650,000.00
TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>				\$1,650,000.00

I. RECEIPTS (Section A-E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Change PAC	24 Hour Independent Expenditure General Election 12 - 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		
Total of Section C					

I. RECEIPTS (Sections A-E)	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Change PAC	24 Hour Independent Expenditure General Election 12 - 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	Fair Market Value of this Contribution
		Executive	Legislative	
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	
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I. Receipts (Sections A - E)	
NAME OF COMMITTEE	TYPE OF REPORT
Change PAC	24 Hour Independent Expenditure General Election 12 - 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	
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II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Change PAC	24 Hour Independent Expenditure General Election 12 - 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
Change PAC	24 Hour Independent Expenditure General Election 12 - Orig

G. Expenses Paid By Committee

Name of Payee Chris Mottola Consulting Inc		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4130 Cahuenga Ave Ste 230A		City North Hollywood		State CA
				Zip Code 91602
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) Communications Consulting		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) CNSLT	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$11,189.00
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 Pinpoint Media		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 1707 Osage St # 303		City Alexandria		State VA
				Zip Code 22302
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) TV Advertising		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Ned Lamont			Office Sought Governor	<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-TV	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,738,230.00
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)		TYPE OF REPORT	
Change PAC		24 Hour Independent Expenditure General Election 12 - Orig	
G. Expenses Paid By Committee			
Name of Payee Wells Fargo		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 420 Montgomery St		City San Francisco	State CA Zip Code 94104
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) Bank Fees	
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) BNK	Expenditure Number Section Number G
Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount \$105.00	
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 Targeted Victory		Date of Payment 10/30/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1100 Wilson Blvd Fl 10		City Arlington	State VA Zip Code 22209
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) Ned Lamont		Office Sought Governor	<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 \$53,250.00	
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			
Total of Section G			\$1,802,774.00

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Change PAC				24 Hour Independent Expenditure General Election 12 - 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	
Change PAC			24 Hour Independent Expenditure General Election 12 - 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
Total of Section I				

III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Change PAC	24 Hour Independent Expenditure General Election 12 - 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
Change PAC	24 Hour Independent Expenditure General Election 12 - 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
Change PAC	24 Hour Independent Expenditure General Election 12 - 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 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 J	Total Amount of the Expenditure		
Description	Expenditure Code		
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated