

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 10/30/2018		Ending Date 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 TREASURER OR DEPUTY TREASURER (SIGNATURE)	Ian Bossert PRINT NAME OF SIGNER	10/31/2018 10:30:43AM 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	
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 column)	\$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)																																																																																																						
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Change PAC		TYPE OF REPORT																																																																																																				
		24 Hour Independent Expenditure General Election 1																																																																																																				
A. Total Contributions from Small Individual Contributors-Received this Period ONLY		\$0.00																																																																																																				
<i>(See instructions for definition of Small Individual Contributor)</i>		Subtotal Section A																																																																																																				
B. Itemized Monetary Receipts																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> <td colspan="2">Republican Governors Association</td> </tr> <tr> <td colspan="2">Street Address</td> <td>City</td> <td>State Zip Code</td> </tr> <tr> <td colspan="2">1747 Pennsylvania Ave NW # 250</td> <td>Washington</td> <td>DC 20006</td> </tr> <tr> <td colspan="2">Principal Occupation (if applicable)</td> <td colspan="2">Name of Employer (if applicable)</td> </tr> <tr> <td colspan="2"> Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization </td> <td colspan="2"> Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous </td> </tr> <tr> <td colspan="2"> Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td colspan="2"> 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 </td> </tr> <tr> <td colspan="2"> If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td colspan="2" style="text-align: right;">Aggregate Receipts \$7,430,000.00</td> </tr> <tr> <td colspan="2"> Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td colspan="2"> 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 </td> </tr> <tr> <td colspan="2">Description (if applicable)</td> <td>Date Received</td> <td style="text-align: right;">Amount Received \$1,650,000.00</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">10/30/2018</td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL OF ALL RECEIPTS</td> <td colspan="2" style="text-align: right;">(Sections A & B)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2" style="text-align: right;">\$1,650,000.00</td> </tr> <tr> <th colspan="4" style="text-align: center;">I. RECEIPTS (Section A-E)</th> </tr> <tr> <td colspan="2">NAME OF COMMITTEE (As reported on Page 1, Line 1)</td> <td colspan="2" style="text-align: center;">TYPE OF REPORT</td> </tr> <tr> <td colspan="2">Change PAC</td> <td colspan="2">24 Hour Independent Expenditure General Election 12 - Original</td> </tr> <tr> <th colspan="4" style="text-align: center;">C. Loans Received this Period</th> </tr> <tr> <td colspan="2">Name of Lender</td> <td colspan="2">Source of Loan:</td> <td>Date of Receipt</td> </tr> <tr> <td colspan="2"></td> <td>Bank</td> <td>Individual</td> <td>Committee Other</td> </tr> <tr> <td colspan="2">Street Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>Is there a cosigner or Guarantor of this loan? Yes No</td> </tr> <tr> <td colspan="2">Name of Cosigner/Guarantor (if applicable)</td> <td colspan="2"></td> <td rowspan="2" style="text-align: center;">Amount Received</td> </tr> <tr> <td colspan="2">Street Address</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td style="text-align: center;">Total of Section C</td> </tr> </table>				Name		Republican Governors Association		Street Address		City	State Zip Code	1747 Pennsylvania Ave NW # 250		Washington	DC 20006	Principal Occupation (if applicable)		Name of Employer (if applicable)		Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous		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		If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		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		Description (if applicable)		Date Received	Amount Received \$1,650,000.00			10/30/2018		TOTAL OF ALL RECEIPTS		(Sections A & B)				\$1,650,000.00		I. 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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: Executive Legislative			Yes No
Is this contribution associated with an event reported in Section F?		Description of In-Kind Contribution			
If yes, list Event#					
Total of Section D					

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
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
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 checked="" type="checkbox"/> No	If yes, complete Section G. Addendum Communications Consulting	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	
			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 G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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?	Expenditure Number Section I Number	<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 TV Advertising	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)	
			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 G Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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?	Expenditure Number Section I Number	<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
\$11,189.00			
\$1,738,230.00			

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 - 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 checked="" type="checkbox"/> No	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) If yes, 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 G Number	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	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section I Number	<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	Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) If yes, 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 G Number	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	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number Section I Number	<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)

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		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)			Event #
If yes, complete Section H. Addendum					
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 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	
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 I Number	Associated with Referendum? 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		
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	
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		Description	Event #	
If yes, complete Section J. Addendum				
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 J Number	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	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	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 Opposed
	Amount Allocated