

SEEC FORM 26
Independent Expenditure Statement for an Entity
(NOT Individuals or Committees)



122440
Official Use Only

Original
 Amendment

Revised September 2012

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FILED SEEC

1. NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)		TAX EXEMPT STATUS	
Vow for Good Government, Inc.		<input type="checkbox"/> 501(c)	<input checked="" type="checkbox"/> 527 <input type="checkbox"/> N/A
3. MAILING ADDRESS OF ENTITY			
Street Address P.O. Box 531		City J Fairfield	State CT Zip Code 06824
4. PRINCIPAL BUSINESS ADDRESS OF ENTITY			
Street Address P.O. Box 531		City J Fairfield	State CT Zip Code 06824
5. CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
First Name Elizabeth	MI S	Last Name Kurantowicz	Suffix
Title Managing Director			
6. TELEPHONE & EMAIL ADDRESS OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY			
(Include Area Code) 202-266-9595		Email Address liz@capublicaffairs.com	
7. NAME OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS			
First Name James	MI E	Last Name Tyrrell III	Suffix
Title Counsel			
8. TELEPHONE & EMAIL ADDRESS OF INDIVIDUAL AUTHORIZED TO FILE			
(Include Area Code) 202-272-0915		Email Address JTyrrell@clarkhill.com	
9. AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
In Corp Services, Inc.			
10. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
Street Address 1022 Main Street		City East Hartford	State CT Zip Code 06108
11. TELEPHONE & EMAIL ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CONNECTICUT			
(Include Area Code) 702-866-2500		Email Address processing@incorp.com	
12. DATE		13. BRIEF DESCRIPTION OF REFERENDUM QUESTION (If applicable)	14. POSITION (If applicable)
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Election 11/6/2012 <input type="checkbox"/> Referendum		N/A	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
15. STATE OR POLITICAL SUBDIVISION			
<input type="checkbox"/> State <input type="checkbox"/> Political Subdivision(s): (Please list)			

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)

Voters for Good Government, Inc.

16. TYPE OF REPORT (Check One Box)

- January 10
- April 10
- July 10
- October 10
- 7th day preceding primary
- 30 days following primary
- 7th day preceding election
- 7th day preceding special election
- 45 days following special election
- 7th day preceding referendum
- 90 days following referendum
- 48/24 hour Independent Expenditure Statement for Primary
- 48/24 hour Independent Expenditure Statement for Election
- 48/24 hour Independent Expenditure Statement for Special Election
- Amendment to (Type of Report)

17. PERIOD COVERED

Beginning Date: 10/23/2012 through Ending Date: 10/23/2012

18. CERTIFICATION OF CEO OR FUNCTIONAL EQUIVALENT OF ENTITY

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this Independent Expenditure Statement are true, accurate and complete to the best of my knowledge and belief, and further that any individual designated herein to file Independent Expenditure Statements on behalf of the Entity has indicated to me his/her acceptance of my appointment of them to that position.

Signature: Elizabeth S. Kowalski PRINT NAME OF SIGNER: Elizabeth S. Kowalski DATE (mm/dd/yyyy): 10/24/2012

19. CERTIFICATION OF INDIVIDUAL AUTHORIZED TO FILE INDEPENDENT EXPENDITURE STATEMENTS

I hereby certify and state, under penalties of false statement, that I have accepted my appointment as the individual authorized to file Independent Expenditure Statements on behalf of the Entity. I further certify and state, under the penalties of false statement, that the information set forth on this Independent Expenditure Statement is a true, accurate and complete itemization of expenditures made or obligated to be made by the Entity, for the period covered, and that these expenditures and obligations were made independent of any other individual, entity, candidate, committee or their agents, and that the entity has not been reimbursed nor does it have an expectation of reimbursement for these expenditures from any such source; and that I understand that the acceptance of any such reimbursement at any time in the future may constitute a serious and punishable violation of Connecticut's Campaign Finance Laws.

Signature: James E. Tyrrell III PRINT NAME OF SIGNER: James E. Tyrrell III DATE (mm/dd/yyyy): 10/24/12

SUMMARY

	COLUMN A This Period	COLUMN B Aggregate
20. Expenditures Made by Entity (Section A - Page 3)	37,969.00	
21. Expenditures Incurred by Entity This Period but Not Paid (Section B - Page 4)	0	
22. Total Outstanding Expenditures Incurred by Entity still Unpaid (Section B - Page 4)	0	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)				TYPE OF REPORT	
Voters for Good Government, Inc.				24 hour IE Statement for Election	
A. Independent Expenditures Made by Entity					
Name of Payee				Amount	
Cashman + Katz				37,969.00	
Street Address		City	State	Zip Code	
76 Eastern Blvd.		Hastingsburg	CT	06033	
Date of Expenditure	Purpose of Expenditure (by code)	Description		Associated with Referendum?	
10/23/2012	A-TV	Media Placement and Production for TV Ads		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates?	
Steve Cassano		State Senate District 4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	If yes, complete Section A. Addendum	
Name of Payee				Amount	
Street Address		City	State	Zip Code	
Date of Expenditure	Purpose of Expenditure (by code)	Description		Associated with Referendum?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	If yes, complete Section A. Addendum	
Name of Payee				Amount	
Street Address		City	State	Zip Code	
Date of Expenditure	Purpose of Expenditure (by code)	Description		Associated with Referendum?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	If yes, complete Section A. Addendum	
SUBTOTAL Section A - This Page				37,969.00	
TOTAL of additional Section A Pages				0	
TOTAL OF ALL INDEPENDENT EXPENDITURES MADE BY ENTITY THIS PERIOD (Enter total on Line 20)				37,969.00	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity)				TYPE OF REPORT	
Voter for Local Government, Inc.				24 hour IE statement for Election	
B. Independent Expenditures Incurred by Entity this Period but Not Paid					
Name of Creditor				Amount Incurred	
N/A					
Street Address		City		State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description		Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section B. Addendum
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Creditor				Amount Incurred	
Street Address		City		State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description		Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section B. Addendum
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Creditor				Amount Incurred	
Street Address		City		State	Zip Code
Date Incurred	Purpose of Expenditure (by code)	Description		Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Independent Expenditure on behalf of more than two candidates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Section B. Addendum
Name of Candidate (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
SUBTOTAL Section B - This Page					
TOTAL of additional Section B Pages					
TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BY ENTITY DURING THIS PERIOD BUT NOT PAID				<i>(Enter total on Line 21)</i>	
Previous Reported Independent Expenditures Unpaid and Still Outstanding					
TOTAL OF ALL INDEPENDENT EXPENDITURES INCURRED BUT NOT PAID				<i>(Enter total on Line 22)</i>	

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association, or Other Legal Entity)		TYPE OF REPORT	
Vote for Good Government, Inc.		24 hour IE Statement for Election	
C. Itemization of Reimbursements to Entity Agents			
Name of Individual Reimbursed			
N/A			
Name of Vendor Paid by Individual			
Street Address of Vendor		City	State Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code) Amount
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor		City	State Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code) Amount
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor		City	State Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code) Amount
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor		City	State Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code) Amount
Name of Individual Reimbursed			
Name of Vendor Paid by Individual			
Street Address of Vendor		City	State Zip Code
Description		Date of Payment to Vendor	Purpose of Expenditure (by code) Amount

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INDEPENDENT EXPENDITURES

NAME OF ENTITY (Provide Complete Name of Business Entity, Organization, Association or Other Legal Entity) <i>Voters For Good Government, Inc.</i>	TYPE OF REPORT <i>4824 hour IE Statement of Election</i>
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D. Top Five Contributors

If the Entity has IRC §§ 501(c) or 527 tax exempt status and has made or obligated to make independent expenditures during this filing period for any written, typed or other printed communication or any web-based, written communication covered in this report. Please identify the name(s) of the five contributors making the largest contributions to the entity during this filing period.

Name of Contributor <i>Thomas Retyffy</i>		
City <i>Greenwich</i>	State <i>CT</i>	Zip Code <i>06831</i>
Name of Contributor		
City	State	Zip Code
Name of Contributor		
City	State	Zip Code
Name of Contributor		
City	State	Zip Code
Name of Contributor		
City	State	Zip Code
Name of Contributor		
City	State	Zip Code

See Additional Page(s)