SEEC FORM 26 — LONG FORM

Independent Expenditure Statement for Persons (Other than Connecticut Political Committees)



149012 10/24/2014 4:20 PM

Original ☐ Amendment

Revised August 2014

Official Use Only

Page	1	of	8
------	---	----	---

1. NAME OF PERSON MAKING INDEPENDENT EXPENDITURE				1a. ACRONYM	2. TAX EXI	EMPT S	STATUS
Independence USA PAC					□ 501(c)	₫ 527	☐ Other
3. MAILING ADDRESS OF PERSON							
Street Address			City	¥	-	State	Zip Code
575 7th Street NW	10- Vi		Wash	ington		DC	20004
4. PRINCIPAL BUSINESS ADDRESS OF PI	ERSON (if a	pplicable)					
Street Address			City			State	Zip Code
5. CEO OR FUNCTIONAL EQUIVALENT	OF PERSO	N (referenda inde)	pendent expe	enditures only)		SUME	and the springers of
First Name	МІ	Last Name					Suffix
Title			2000	exect production of the contract of the contra			
6. TELEPHONE & EMAIL ADDRESS OF C	EO OR FU	NCTIONAL EC	QUIVALE	NT OF PERSON (refere	enda independent e:	penditu	res only)
(Telephone with Area Code)	Email Addres		17.00			•	
7. NAME OF INDIVIDUAL AUTHORIZED	TO FILE I	NDEPENDENT	EXPEND	ITURE STATEMENT	'S (for persons other	r than in	dividuals)
First Name	MI	Last Name					Suffix
Diane		Gubelli					
Title Treasurer		353600					
8. TELEPHONE & EMAIL ADDRESS OF IN			ED TO FII	E (for persons other than	individuals)	Y-MA	
(Telephone with Area Code) 212-583-6000	Email Address info@in	Idependenc	eusapa	ic.ora			
9. NAME OF AGENT FOR SERVICE OF PR					Television in the second	- Saliyi	
Corporation Service Company							
10. ADDRESS OF AGENT FOR SERVICE O	F PROCES	SS IN CONNEC	CTICUT			A NEW	
Street Address			City			State	Zip Code
50 Weston Street		2777a	Hartfo	ord		СТ	06120
11. TELEPHONE & EMAIL ADDRESS OF A			F PROCE	SS IN CONNECTICUT		A Marie	Assorter en Victor
(Telephone with Area Code) 800-927-9801	SOD@C	scinfo.com					
12. BRIEF DESCRIPTION OF REFERENDU		A 1000	- 2	expenditures only)	J. S. Margarit	MICH NA	13. POSITION
				inportation of only)			(referenda
							independent expenditures only)
							☐ Support
14. STATE OR POLITICAL SUBDIVISION	referenda in	lonondent avnardi	turae cului	are not regulate as wants	evoronje in last n	NAME OF THE PARTY.	□ Oppose
☐ State ☐ Political Subdivision(s): (Please				quastion is hairs and J	on)	7	
Same 1 Simulai Subuivision(5). (Fieus	e report the	TOWN OF TOWNS II	n wnich the	question is being voted	on)		

NAME OF PERSON	N MAKING INDEPENDENT EXPE	NDITURE (As reporte	ed on Page 1, Line 1)	
Independend	e USA PAC			
15. DATE (Check On	ie Box)			
☐ Primary	Elect	tion Nov. 4, 201	14 □ Refi	erendum
16. TYPE OF REPO	ORT (Check One Box)			
☐ January 10	☐ 7th day preceding primary	☐ 7th day	☐ 24 hour Independent	Expenditure Statement for Primary
□ April 10	☐ 30 days following primary	preceding referendum	24 hour Independent	Expenditure Statement for Election
□ July 10	☐ 7th day preceding election		☐ 24 hour Independent	Expenditure Statement for Special Election
☐ October 10	☐ 7th day preceding special election	•	T A Smant to (m	
	☐ 45 days following special election	referendum	☐ Amendment to (Type o	of Report)
17. PERIOD COVE	ERED			CONSTRUCTION OF THE STATE OF TH
			A SUM A SUM AS A SUM	
	Beginning D	Pate	Ending Date	
	October 23,	2014 throug	th October 23, 2	2014
		unoug		
18. CERTIFICATION	ON OF INDIVIDUAL FILING THE	INDEPENDENT EX	XPENDITURE STATEM	IENT
Independent I information set for to be made by the	Expenditure Statement on behalf of the rth on this Independent Expenditure States.	he person. I further of Statement is a true, ac that these expenditure	certify and state, under the ccurate and complete item es and obligations were m	nization of expenditures made or obligated nade independent of any other individual.
			Gubelli E OF SIGNER	
U		SUMMA	RY	
			LUMN A is Period	COLUMN B Aggregate
19. Expenditures N	Made by Person (Section A Page 3)	\$1,716,698.7	5	\$1,716,698.75
	Obligated by Person It Not Paid (Section B Page 4)	\$0.00		
	ling Expenditures Obligated Unpaid (Section B Page 4)	\$0.00		
	WATERWAYE THE ABOVE BUT TO BE A	ESPATEMBRICAR (TROPINS)		

NAME OF PERSON MAKING INDEPENDE	NT EXPEND	ITURE (As re	ported on Pag	ge 1, Line 1)	TYPE OF	REPORT			
Independence USA PAC 24					24 H	our Election	on	33	. Ja
	A. Indepen	ident Expe	nditures I	Made by P	erson				
Name of Payee							Date	of Expend	iture
SKD Knickerbocker							10	0/23/2	014
Street Address	200	2-1000	City		Limbon		State	Zip Co	de
1150 18th Street NW, Suite 800			Washi	ngton		4	DC	200)36
Independent Expenditure on behalf of more than one candidate?	Description	HIRECONIUS.						_	
Yes No If yes, complete Section A. Addendum	Gun sa	fety ad							
Name of Candidate (only complete if Independent Expenditure is on be	ehalf of ONE candida	nte—if more than one,	Complete Section	A Addendum)	Office Sought	****		" ₋	1 -
									Supported Opposed
Purpose of Expenditure		Expenditure N	ımber	Associated wit	h Referendum?		Amoi	unt	0
(by code) A-TV		(if applicable)		☐ Yes	No	\$1,716,6	398.7	5	
Name of Payee	2	10001			-		Doto	of Ermandi	itana
Name of Fayor							Date	of Expendi	ture
Street Address			City				State	la: o	1
Saott Addoss			City			1	State	Zip Co	16
Indicate Francisco III In Co. of Principal Co.	In			- DUF					- 5500
Independent Expenditure on behalf of more than one candidate?	Description								
Yes No If yes, complete Section A. Addendum	<u> </u>			Late Control					
Name of Candidate (only complete if Independent Expenditure is on be	ehalf of ONE candida	te—if more than one,	Complete Section	A. Addendum)	ffice Sought				Supported
	TSIII.								Opposed
Purpose of Expenditure (by code)		Expenditure Nu (if applicable)	ımber	Associated wit	h Referendum?		Amou	ınt	
				☐ Yes	□ No				
Name of Payee	***************************************					7.550	Date	of Expendi	ture
Street Address			City	11111		S	itate	Zip Cod	ie
						-			
independent Expenditure on behalf of more than one candidate?	Description			-	- 111 - OSW			4	X
Yes No If yes, complete Section A. Addendum									
Name of Candidate (only complete if Independent Expenditure is on be-	half of ONE candidat	te—if more than one,	Complete Section	A. Addendum) O	ffice Sought				
									Supported Opposed
Purpose of Expenditure		Expenditure Nu	mber	Associated with	Referendum?		Amou	nt .	
by code)		(if applicable)		☐ Yes			Amou	ш	
		18-1							
		SUBTO	TAL Secti	on A Thi	s Page	\$1,716,6	98.75		
		TOTAL of	additional	Section A.	Pages	\$1,716,	698.7	5	
TOTAL OF ALL INDEPENDENT EX	PENDITUR	ES MADE I		ON THIS P.		\$1,716,	 698.7	5	

	The second secon			The same and the s		en and the same of the more of
NAME OF PERSON MAKING INDEPENDENT EX	KPENDITURE (As rep	orted on Pag	re 1, Line 1)	TYPE OF REF		
Independence USA PAC 24 Hour Election						
B. Independent Ex	penditures Obliga	ted by P	erson thi	s Period but No	t Paid	
Name of Creditor					D	ate Obligated
Street Address		City			State	Zip Code
Independent Expenditure on behalf of more than one candidate? Descri	iption				···	
☐ Yes ☐ No If yes, complete Section B. Addendum						
Name of Candidate (only complete if Independent Expenditure is on behalf of O.	NE candidate—if more than one, (Complete Section	B. Addendum)	Office Sought		По
						☐ Supported ☐ Opposed
Purpose of Expenditure (by code)	Expenditure Nu	mber	Associated v	vith Referendum?	Amount	Obligated
(by code)	(if applicable)		РΥ	es 🗆 No		
Name of Creditor			<u> </u>		In	ate Obligated
						are congained
Street Address		City			State	Zip Code
						Lip code
Independent Expenditure on behalf of more than one candidate? Descri	intion					
☐ Yes ☐ No If yes, complete Section B. Addendum	puon					
Name of Candidate (only complete if Independent Expenditure is on behalf of Oi	NE candidate—if more than one (Complete Section	P. Addamdum)	Office Sought		
The state of the s	The canadate of more than one, C	somplete becaton	D. Audenwum)	Onice Sough		☐ Supported ☐ Opposed
Purpose of Expenditure (by code)	Expenditure Nui	mber	Associated v	vith Referendum?	Amount	Obligated
			Y	es 🗆 No		
Name of Creditor			<u>. </u>		D	ate Obligated
Street Address		City			State	Zip Code
Independent Expenditure on behalf of more than one candidate? Descri	ption					
☐ Yes ☐ No If yes, complete Section B. Addendum						
Name of Candidate (only complete if Independent Expenditure is on behalf of Ol	NE candidate—if more than one, C	Complete Section	B. Addendum)	Office Sought		
						Supported Opposed
Purpose of Expenditure (by code)	Expenditure Nur (If applicable)	nber	Associated w	rith Referendum?	Amount	Obligated
				es 🗌 No		
	SUBTO	TAL Sect	ion B T	his Page		
	TOTAL of	additions	l Section	B. Pages		
TOTAL OF ALL INDEPENDENT E DURING THIS PERIOD BUT NOT		AND NOT THE ST		ERSON un A, Line 20)		
Previous Reported Independe			North State State	A Paragraphic		
TOTAL OF ALL INDEPENDENT EX	PENDITURES OB			OT PAID nn A, Line 21)		

NAME OF PERSON MAK	ING INDEPENDENT EXPENDITURE (As repo	orted on Page 1, Line 1)	TYPE OF REPORT		
Independence USA PAC 24 Hour Election					
	THE RESERVE OF THE RESERVE OF THE PERSON OF	f Reimbursements			
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Pai	d by Individual				-X- (41
	-				
Street Address of Vendor, Person or F	Entity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		E:	xpenditure Nur applicable)	mber
Description				Am	ount
Name of Individual Reimbursed			A COLUMN		***************************************
Name of Vendor, Person or Entity Paid	d by Individual		2 - 30 · · · · · · · · · · · · · · · · · ·		38.00
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Es (f)	spenditure Num	nber
Description				Am	ount
Name of Individual Reimbursed					
Name of Vendor, Person or Entity Paid	l by Individual				7000
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)	30 000	Ex (if	spenditure Nun applicable)	nber
Description				Amo	ount
	SUBTO	ΓAL Section C This P	age		
	TOTAL of a	additional Section C. Pa	ges		
	TOTAL OF	ALL REIMBURSEME	NTS		

Page 6 of 8

☐ See Additional Page(s)

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REP	ORT			
Independence USA PAC 24 Hour Election					
D. Covered Transfers in Excess of \$5,00	0	i de volt de			
If the independent expenditures reported in this form were made or obligated to be multiply hundred and eighty (180) days prior to the applicable primary or election, you must reduring the twelve month period prior to the applicable primary or election that are five aggregate.	report any "co	vered transfe	ers" received		
One or more of the pertinent covered transfers have been reported to the Fe Internal Revenue Service (IRS) and the person filing this form has submitted a lieu of reporting such covered transfers here.	deral Election copy of that p	n Commissi previously f	ion (FEC) or iled report in		
If this box is checked please list the applicable FEC Filer ID Number or IRS Employ	er Identificati	on Number	here:		
FEC Filer ID or IRS EIN # C00532705 (disclosed below)					
Note: Any covered transfers occurring within the relevant time period and not filings must be reported below.	reported on t	the attached	FEC or IRS		
Source of Covered Transfer—Name of Person Making Covered Transfer					
Michael R. Bloomberg					
Address of Person Making Covered Transfer—City		State	Zip Code		
New York		NY	10022		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	ount		
Michael R. Bloomberg		516,654.00			
Source of Covered Transfer—Name of Person Making Covered Transfer		,			
Address of Person Making Covered Transfer—City		State	Zip Code		
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt		
Source of Covered Transfer—Name of Person Making Covered Transfer	•				
Address of Person Making Covered Transfer—City		State	Zip Code		
ource of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount					
ource of Covered Transfer—Name of Person Making Covered Transfer					
Address of Person Making Covered Transfer—City		State	Zip Code		
ource of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt		

Page 7 of 8

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF REPORT Independence USA PAC 24 Hour Election E. Five Largest Covered Transfers Disclosed in Communication If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety (90) days immediately prior to the applicable primary or election, please report the five largest aggregate "covered transfers" received during the received during the twelve month period prior to the applicable primary or election. Source of Covered Transfer—Name of Person Making Covered Transfer Expenditure Number Michael R. Bloomberg 0001 Address of Person Making Covered Transfer-City Zip Code State New York NY 10022 Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount Michael R. Bloomberg \$9,516,654.00 Source of Covered Transfer—Name of Person Making Covered Transfer Expenditure Number Address of Person Making Covered Transfer-City Zip Code Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount Source of Covered Transfer—Name of Person Making Covered Transfer Expenditure Number Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount Source of Covered Transfer-Name of Person Making Covered Transfer Expenditure Number Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer-Name of Individual who Signed Check or Authorized Covered Transfer Amount Source of Covered Transfer—Name of Person Making Covered Transfer Expenditure Number Number Address of Person Making Covered Transfer-City State Zip Code Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer Amount

	See	Additional	Page(s)
--	-----	------------	---------

Page 8 of 8

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPOR	RT		
Independence USA PAC	24 Hour E			
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclos	ed in Commu	inication		
Name of Person Making Covered Transfer to Person Reported in Section E.				
Address of Person Making Covered Transfer—City (if known)	S	state	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	lumber	
Name of Person Making Covered Transfer to Person Reported in Section E.				
Address of Person Making Covered Transfer—City (if known)	S	tate	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	Number	
Name of Person Making Covered Transfer to Person Reported in Section E.		•		
Address of Person Making Covered Transfer—City (if known)	S	tate	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	lumber	
Name of Person Making Covered Transfer to Person Reported in Section E.				
Address of Person Making Covered Transfer—City (if known)	Si	tate	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	lumber	
Name of Person Making Covered Transfer to Person Reported in Section E.				
Address of Person Making Covered Transfer—City (if known)	St	tate	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.	•	Expenditure N	umber	
Name of Person Making Covered Transfer to Person Reported in Section E.				
Address of Person Making Covered Transfer—City (if known)	St	ate	Zip Code	
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure Nu	ımber	

	See	Additional	Page(s)
--	-----	------------	---------

CODED PURPOSES FOR EXPENDITURES (For use with SEEC Form 26—LONG)

(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit funds. Include the costs for both the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below. If a single advertising message is developed for several of the delivery mechanisms listed below, report all applicable codes for the cost of developing the message and then use the applicable code for the payments associated with the several delivery methods used.

A-DM-expenditure to advertise through direct mail.

A-MAG: expenditure to advertise through a magazine.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of phone banks, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD: expenditure to advertise on radio.

A-SIGN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV: expenditure to advertise on television.

A-WEB: expenditure to advertise on the World Wide Web. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH: any expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

OFFICE: expenditures for office supplies such as paper, pens, printer cartridges, etc.

POLLS: expenditures associated with **conducting polls and surveys**. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and collected from the public in some manner to produce a poll or survey result or report.

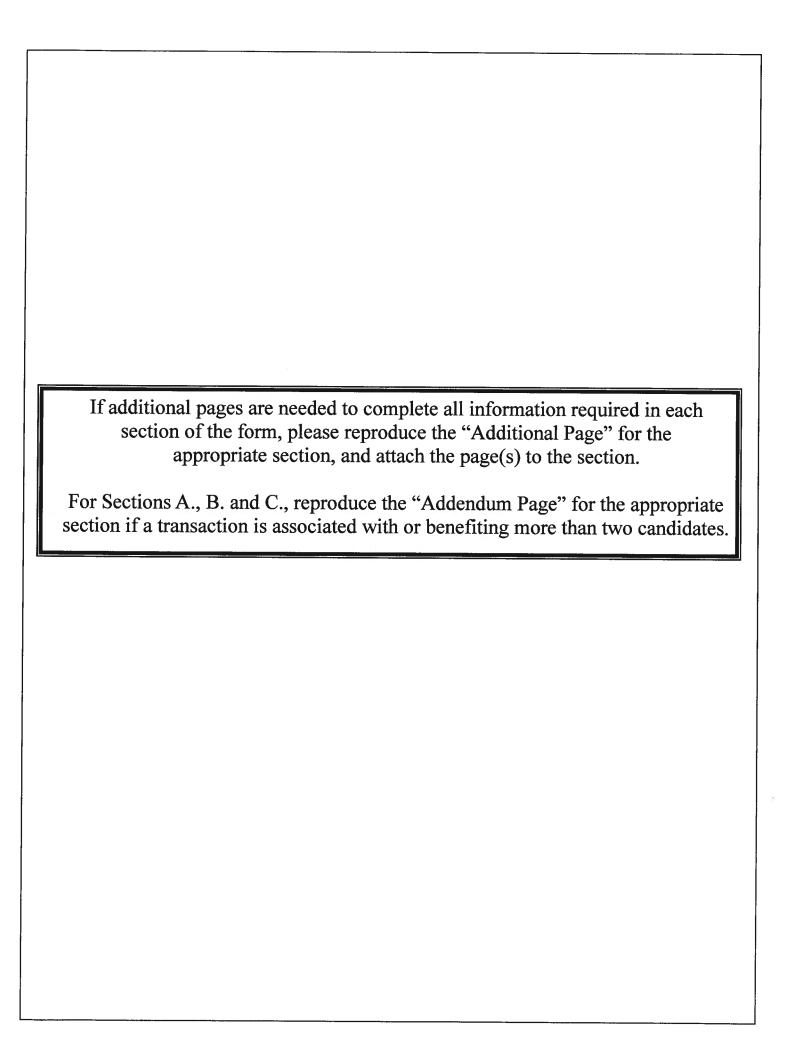
POST: expenditures for **postage**, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT: expenditures associated with the costs of printing, photocopying or reproducing literature, stationery, invitations and the like.

RMB: expenditures to Reimburse Individuals. This is when the cost of payment for something needed by the person is advanced by the individual and reimbursement is sought and obtained from the person who authorized the payment. After making payment to the individual in Section A., report the name of each Vendor paid by the individual in Section C., "Itemization of Reimbursements."

WEB: Expenditures for accessing and having a presence on the WEB. This includes payments to develop or maintain: (a) a website and homepage; (b) an internet provider; (c) a domain name on the internet; and (d) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web. See A-WEB above.

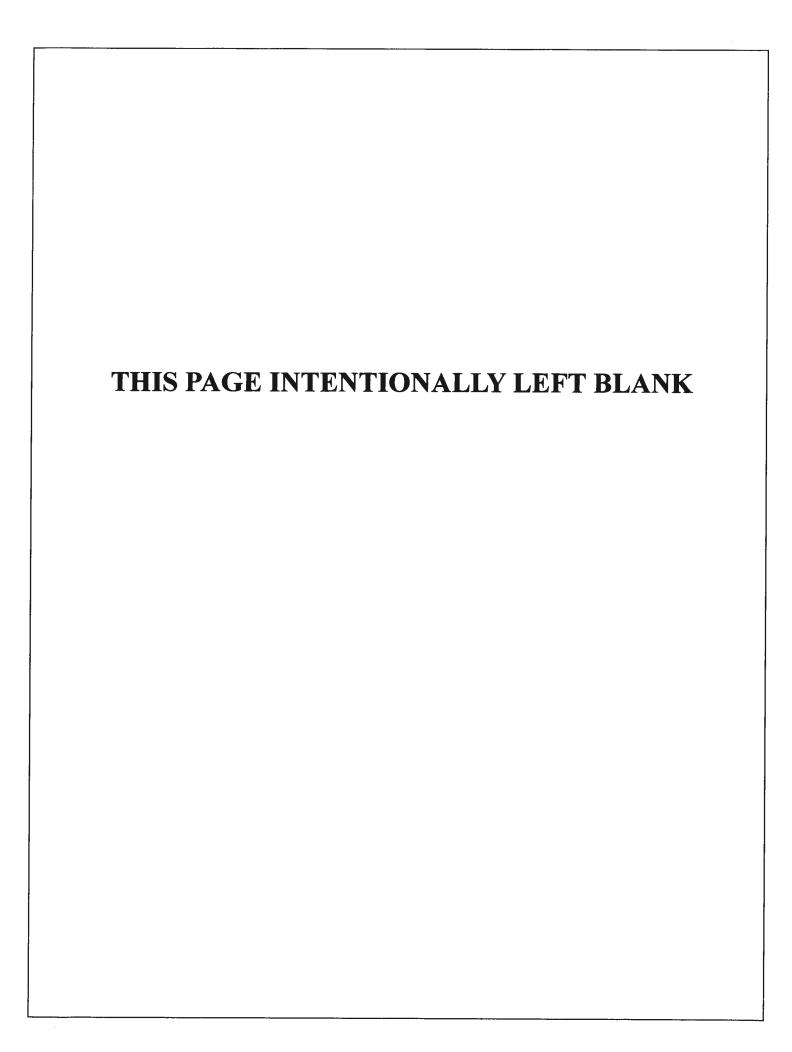
*MISC: expenditures of Miscellaneous items that are not listed above. The text box of the Description Field, which is mandatory, must explain in narrative form, with sufficient clarity, the purpose of this expenditure. If more than one of the above codes applies to an expenditure, do not use MISC and instead report all applicable codes.



SEEC FORM 26—LONG FORM Revised August 2014

Section A. ADDITIONAL PAGE ____ of ___

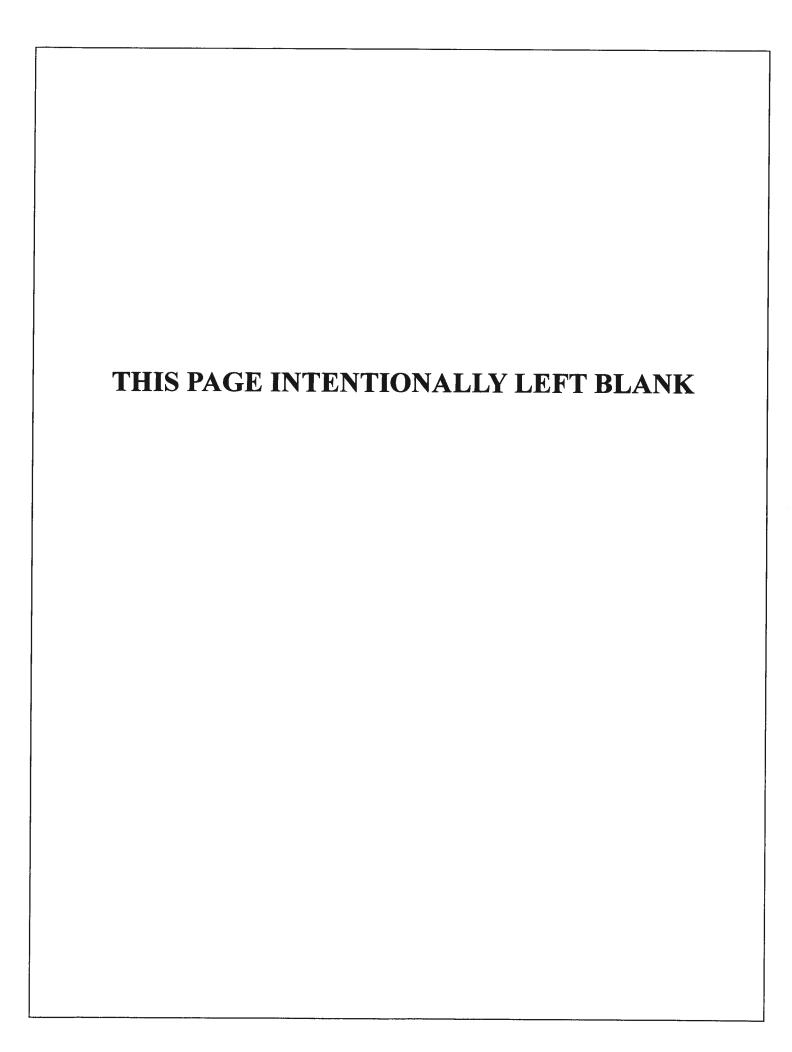
NAME OF DEDOON MAKING INDEPENDENT ES	ZDENDITIDE	ACCUSED TO SELECT			erens a Mark	Describeration	
NAME OF PERSON MAKING INDEPENDENT EX	PENDITURE (AS TO	sportea on ra	age I, Line I)	TYPE OF REPO	ORT		
					and the same of the same of	1110	400000000000000000000000000000000000000
	dependent Expe	enditures	Made by	Person			
Name of Payee					D	ate of Ex	xpenditure
Street Address		City			State	Z	Cip Code
Independent Expenditure on behalf of more than one candidate? Descr	ription						
Yes No If yes, complete Section A. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of O.	NE candidate—if more than one	e, Complete Section	on A. Addendum)	Office Sought			Supported
							☐ Supported ☐ Opposed
Purpose of Expenditure (by code)	Expenditure N	Vumber	Associated v	with Referendum?	An	nount	
			Y	′es □ No			
Name of Payee				I	D	ate of Ex	xpenditure
							•
Street Address		City			State	Z	ip Code
							•
Independent Expenditure on behalf of more than one candidate? Descri	iption						
Yes □ No If yes, complete Section A. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of Ol	NE candidate—if more than on	e. Complete Secti	on A. Addendum)	Office Sought			1
	· 						Supported Opposed
Purpose of Expenditure (by code)	Expenditure N		Associated v	with Referendum?	An	nount	-1
			□ Y	es □ No			
Name of Payee					Da	ate of Ex	penditure
Street Address		City			State	Zi	ip Code
Independent Expenditure on behalf of more than one candidate? Descri	ption						
Yes No If yes, complete Section A. Addendum							
Name of Candidate (only complete if Independent Expenditure is on behalf of ON	VE candidate—if more than one	2, Complete Section	on A. Addendum)	Office Sought			T
							Supported Opposed
Purpose of Expenditure	Expenditure N	lumber	Associated v	vith Referendum?	Am	ount	<u></u>
(by code)	(if applicable)		_{- Y}	es 🗆 No			
		10 - 10 - 10 - 10 R 10 P					
	SUBTO	OTAL Sec	ction A T	his Page			



SEEC FORM 26—LONG FORM Revised August 2014

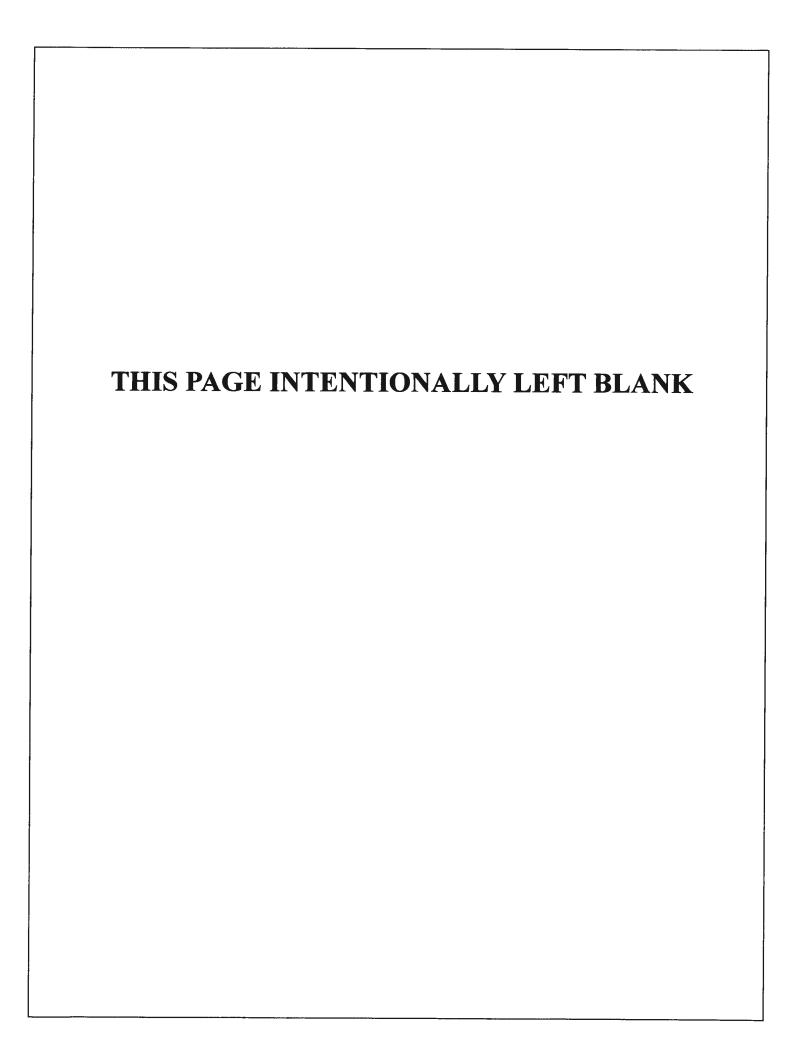
Section B. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPE	ENDITURE (As repo	orted on Page 1, Line 1)	TYPE OF R	EPORT	
R Independent Evney	ndituus Ohliss	ted by Danson thi	is Douled but 1	N-4 D-23	earasin cue bico
B. Independent Exper	aditures Obligat	tea by Person thi	s Period but		
Name of Creditor				Date Ob	ligated
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description	on		<u> </u>		-
Yes No If yes, complete Section B. Addendum					
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE co	andidate—if more than one, Co	omplete Section B. Addendum)	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure (by code)	Expenditure Num (If applicable)		with Referendum?	Amount Oblig	gated
Name of Creditor				Date Obl	ligated
Street Address		City		State	Zip Code
Independent Expenditure on behalf of more than one candidate? Description Yes No If yes, complete Section B. Addendum	nti.				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE co	andidate—if more than one, Co	omplete Section B. Addendum)	Office Sought		Supported Opposed
Purpose of Expenditure (by code)	Expenditure Num		with Referendum?	Amount Oblig	;ated
Name of Creditor				Date Obli	igated
Street Address	1	City		State 2	Zip Code
Independent Expenditure on behalf of more than one candidate? Description	n				
☐ Yes ☐ No If yes, complete Section B. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca	andidate_if more than one Co	omplete Section B. Addandson	Office Sought		1
	mandate—y more than one, co	mpete section B. Addendum)	Office Sought		Supported Opposed
Purpose of Expenditure (by code)	Expenditure Numl	1	vith Referendum?	Amount Oblig	ated
	SUBTO	FAL Section B T	his Page		



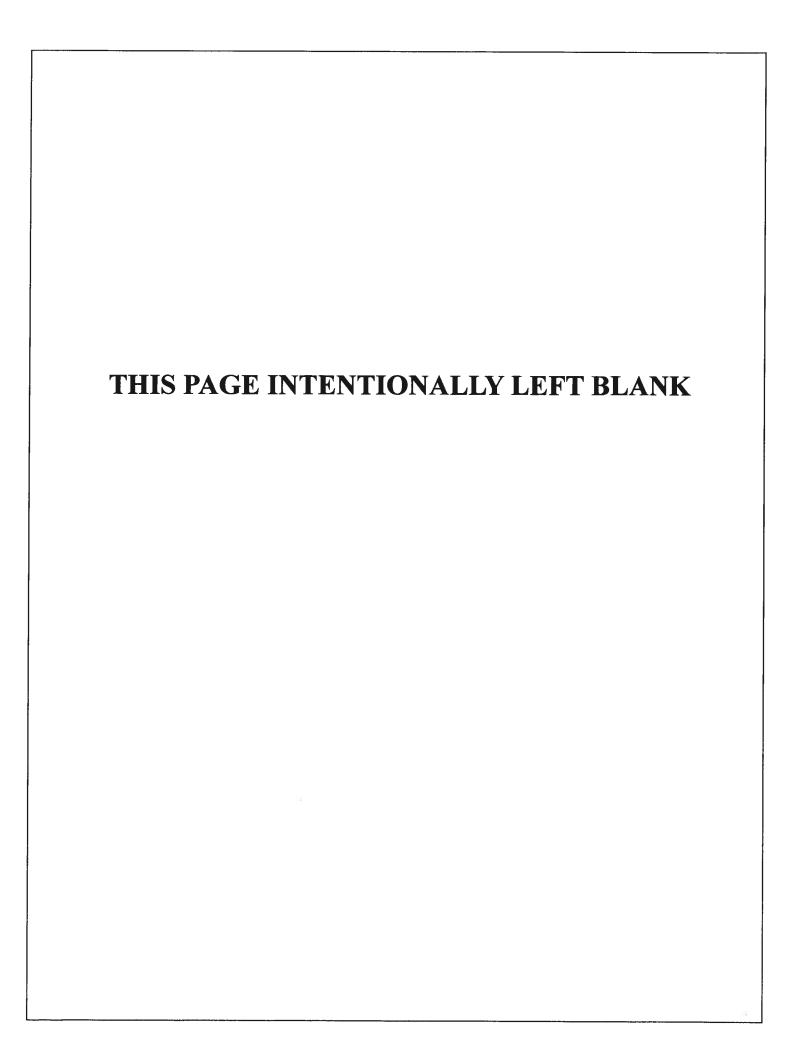
Section C. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAK	ING INDEPENDENT EXPEND	DITURE (As reported on Page 1, Line 1)	TYPE OF REPORT	ESTRICE	
	C. I	temization of Reimbursements		See Service	
Name of Individual Reimbursed					MARCHINE STUDY ESTEVE SH
Name of Vendor, Person or Entity Pai	d by Individual		·		
Street Address of Vendor, Person or E	entity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Ex;	penditure Nun oplicable)	iber
Description	•			Ame	ount
Name of Individual Reimbursed			<u>.</u>	-	
Name of Vendor, Person or Entity Paid	d by Individual				
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Exp	penditure Num	ber
Description				Amo	ount
Name of Individual Reimbursed			•		
Name of Vendor, Person or Entity Paid	l by Individual				-
Street Address of Vendor, Person or E	ntity	City		State	Zip Code
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (by code)		Exp (If ap	enditure Num plicable)	ber
Description				Amo	unt
		SUBTOTAL Section C This I	Page		



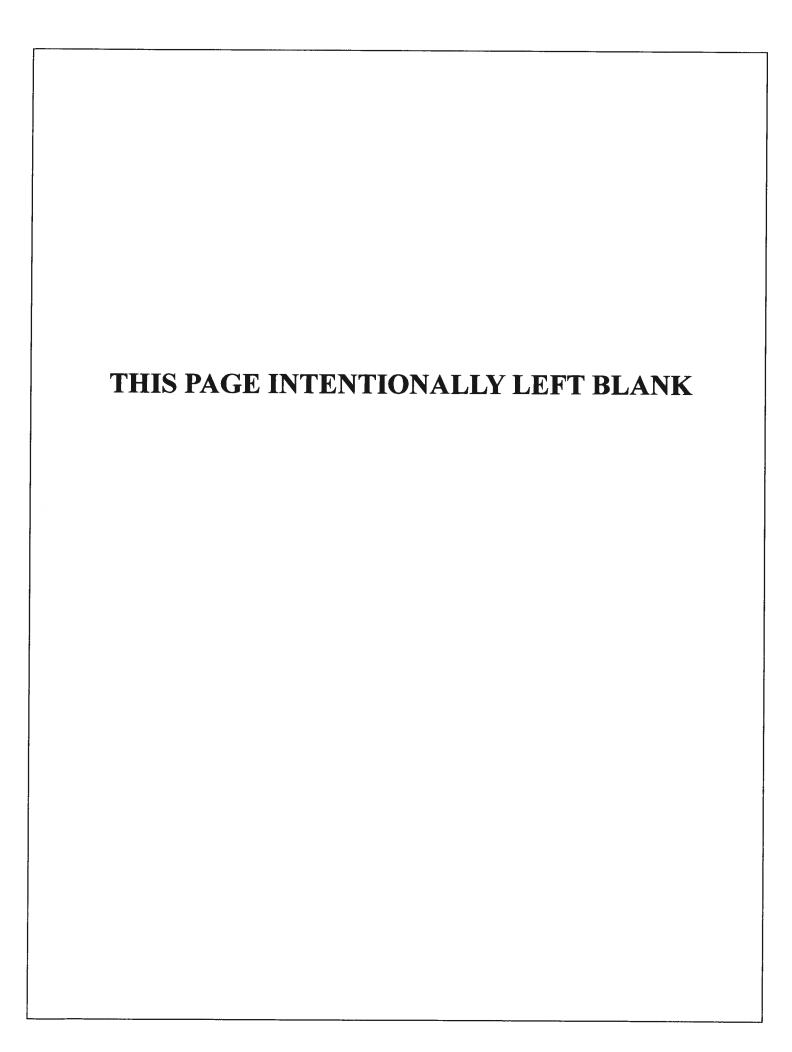
Section D. ADDITIONAL PAGE ____ of ___

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYL	PE OF REPORT	
D. Covered Transfers in Excess of \$5,000		
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	10	Ta: o
Address of reson making covered fransier—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	A	mount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Aı	mount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Ar	nount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	Ar	nount
Source of Covered Transfer—Name of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	An	nount
Source of Covered TransferName of Person Making Covered Transfer		
Address of Person Making Covered Transfer—City	State	Zip Code
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	An	nount



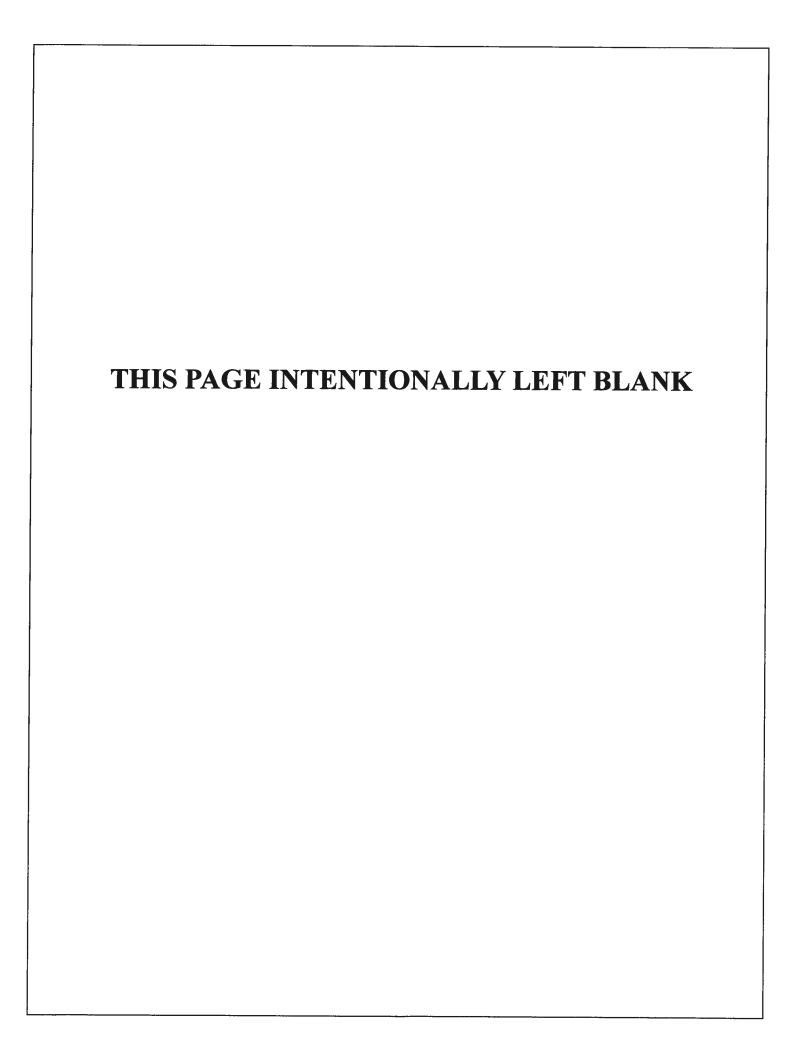
Section E. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TY	PE OF REPORT			
	na san san san san san	CHINAS III	2479/25/1	HOW EXAMP
E. Five Largest Covered Transfers Disclosed in Commu	ınication			
Source of Covered Transfer—Name of Person Making Covered Transfer		Expendi Section	ture Num	ber Number
Address of Person Making Covered Transfer—City	State	_I	Zip Coo	de
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
Source of Covered Transfer—Name of Person Making Covered Transfer	I	Expendit Section	ture Numi	Number
Address of Person Making Covered Transfer—City	State	1	Zip Coo	i le
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	-
Source of Covered Transfer—Name of Person Making Covered Transfer		Expendit Section	ure Numb	er Number
Address of Person Making Covered Transfer—City	State		Zip Coo	le
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expendit Section	ure Numb	er Number
Address of Person Making Covered Transfer—City	State	<u> </u>	Zip Cod	e e
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expendit Section	ure Numb	er Number
Address of Person Making Covered Transfer—City	State		Zip Cod	e
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
Source of Covered Transfer—Name of Person Making Covered Transfer		Expenditu Section	ure Numb	er Number
Address of Person Making Covered Transfer—City	State		Zip Cod	e
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amoi	unt	·



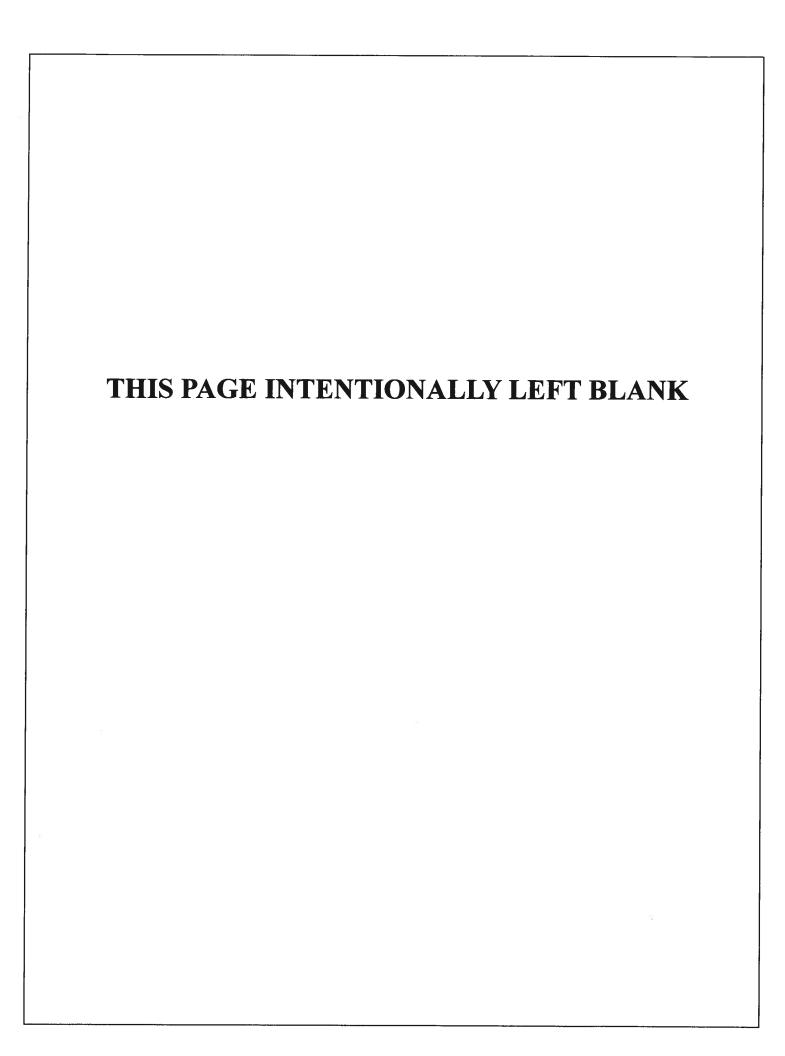
Section F. ADDITIONAL PAGE ____ of ____

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REPOR	RT	
F. Nesting Dolls Provision for Top 5 Covered Transfers Disclos	sed in Commu	mication	
Name of Person Making Covered Transfer to Person Reported in Section E.	m commo	Inication	
Address of Person Making Covered Transfer—City (if known)	S	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	lumber
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	S	tate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure 1	Number
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)			Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	lumber
	-		
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	St	tate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		T	
Annual Control of the		Expenditure N	lumber
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	I s.		7. 0.1
The second state of the second state of the second	St	tate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	umber
New Character and the Control of the			
Name of Person Making Covered Transfer to Person Reported in Section E.			
Address of Person Making Covered Transfer—City (if known)	St	ate	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section E.		Expenditure N	ımber



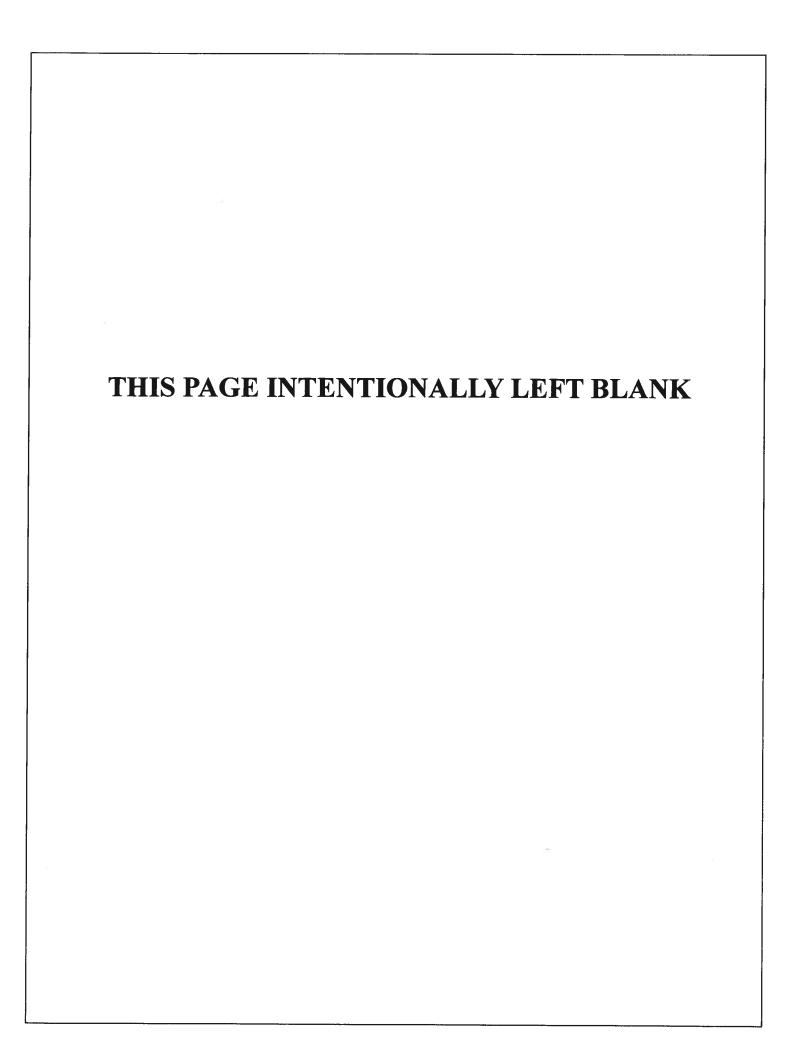
Section A. ADDENDUM PAGE 1 of 1

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)				TYPE OF REPORT		
Independence USA PAC				24 Hour Election		
	A. Independent Ex	penditures Made by Pers	on Ada	lendum		
Expenditure Number as reported in Section A 0001	Total Amount of the Expenditure \$1,716,698.75		Purpose of Expenditure (by code) A-TV		code)	
Description Gun safety ad						
<u> </u>					-	
Name of Candidate		Office Sought (if applicable)		Supported	Amount Allocated to Candidate	
Daniel Malloy		Governor		Opposed	\$858,349.38	
Name of Candidate		Office Sought (if applicable)		□_Supported	Amount Allocated to Candidate	
Thomas Foley		Governor		Opposed	\$858,349.37	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		Supported Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	
Name of Candidate		Office Sought (if applicable)		☐ Supported ☐ Opposed	Amount Allocated to Candidate	



Section B. ADDENDUM PAGE ____ of ___

NAME OF PERSON MAKING IN	DEPENDENT EXPENDIT	URE (As reported on Page 1, Line	1) TYPE OF REPO	ORT
B. Indepen	dent Expenditures Inc	urred by Person this Per	iod but Not Paid A	ddendum
Expenditure Number as reported in Section A	Total Amount of the Expenditure		Purpose of Expenditure (by code)	
Description	<u> </u>			
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate	A Action of the Control of the Contr	Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	N. 111	Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate	TANKS SALES	Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate



Section C. ADDENDUM PAGE ____ of ____

		yren er yr esign ee cupyelen	69 Personal AMULIO Som at 1995 Continue
	C. Itemization of Reimb	ursements Addendu	m
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpo	se of Expenditure (by code)
Description			
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpo	ose of Expenditure (by code)
Description			
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpor	se of Expenditure (by code)
Description	<u> </u>		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpos	se of Expenditure (by code)
Description			
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpos	se of Expenditure (by code)
Description	1		
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpos	se of Expenditure (by code)
Description	•	· · · · · · · · · · · · · · · · · · ·	
Expenditure Number as reported in Section A.	Total Amount of the Expenditure	Purpos	se of Expenditure (by code)
Description		· · · · · · · · · · · · · · · · · · ·	