

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement
For Independent Expenditure Only Political Committees
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
 Revised July 2014

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
	COLUMN A This Period	COLUMN B Aggregate
CT Voters for Gun Safety	24-hour I/E	
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	2500.00	
10. Monetary Receipts (Sections A and B)	4500.00	7000.00
11. Loans (Sections C)	0.00	0.00
12. Total Monetary Receipts (add totals for Lines 10 through 11)	4500.00	7000.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	7000.00	7000.00
14. Expenses Paid by Committee (Section G)	1013.20	1013.20
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	5986.80	5986.80
16. In-Kind Contributions Received (Section D)	1154.43	4551.29
17. Refundable Deposit to Telephone Company (Section E)	0.00	0
18. Beginning Loan Balance	0.00	
18a. + Loans Received (Section C)	0.00	0
18b. + Interest and Penalties on Loan	0.00	0
18c. - Payments on Loan	0.00	0
18d. Total Outstanding Loan Amount	0.00	
19. Expenses Incurred on Committee Credit Card (Section H)	0.00	0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	2400.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	5142.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
CT Voters for Gun Safety		24-hour I/E	
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 p.1 of 2			
Name CT Against Gun Violence			
Street Address 739 Old Post Road		City Fairfield	State CT
		Zip Code 06824	
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		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest	
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check	Aggregate Contributions
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	9396.86
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:	Amount Received
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)		Date Received	\$3500.00
		8/15/2014	
Name CT Against Gun Violence			
Street Address 739 Old Post Road		City Fairfield	State CT
		Zip Code 06824	
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		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest	
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this contribution associated with an event reported in Section F? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check	Aggregate Contributions
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	9896.86
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with:	Amount Received
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)		Date Received	500.00
		8/20/2014	
SUBTOTAL Section B — This Page		4,000.00	
TOTAL of additional Section B Pages		500.00	
TOTAL OF ALL RECEIPTS (Sections A + B) (Enter total on Line 10, Column A of Summary Page Totals)		4500.00	

Section B. ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
CT Voters for Gun Safety				24-hour t/E	
B. Itemized Monetary Receipts					
Name					
Susan McAlley					
Street Address			City		State
17 Carriagelen Drive			Riverside		CT
Zip Code			06878		
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Realtor			Self-employed		
Source Type: <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this contribution associated with an event reported in Section F? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Personal Check		Aggregate Contributions
			<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		500.00
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? If yes, indicate which branch or branches of government the contract is with:		Amount Received
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		500.00
Description (if applicable)				Date Received	
				8/20/2014	
Name					
Street Address					
City					
State					
Zip Code					
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this contribution associated with an event reported in Section F? If yes, list Event #		<input type="checkbox"/> Yes <input type="checkbox"/> No	Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check		Aggregate Contributions
			<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> 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:		Amount Received
			<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Description (if applicable)				Date Received	
SUBTOTAL Section B — This Page				500.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
OT Voters for Gun Safety				24-Mar-15	
C. Loans Received this Period					
Name of Lender		Source of Loan:		Date of Receipt	
—		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
SUBTOTAL Section C — This Page				0.00	
TOTAL of additional Section C Pages				0.00	
TOTAL OF ALL LOANS <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>				0.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) CT Votes for Gun Safety	TYPE OF REPORT 24-hour I/E
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D. In-Kind Contributions

Name CT Against Gun Violence				
Street Address 739 Old Post Road		City Fairfield	State CT	Zip Code 06824
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other		Date Received 8/16/2014	Aggregate Contributions 10,169.74	
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section F? If yes, list Event # 09-13-2014A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Email list rental		Fair Market Value of this Contribution 272.88

Name CT Against Gun Violence				
Street Address 739 Old Post Road		City Fairfield	State CT	Zip Code 06824
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other		Date Received 8/20/2014	Aggregate Contributions 11,051.29	
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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this contribution associated with an event reported in Section F? If yes, list Event # _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of In-Kind Contribution mailing list		Fair Market Value of this Contribution 881.55

Name —				
Street Address —		City —	State —	Zip Code —
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received —	Aggregate Contributions —	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this contribution associated with an event reported in Section F? If yes, list Event # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution —		Fair Market Value of this Contribution —

SUBTOTAL Section D — This Page	11,54.43
TOTAL of additional Section D Pages	—
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 16, Column A of Summary Page Totals)	1,154.43

E. Refundable Deposit to Telephone Company

Last Name of Individual		First	MI	Date Deposit Made
Residential Street Address		City	State	Zip Code
Name of Telephone Company				
Street Address		City	State	Zip Code
				Amount of Deposit

TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
CT Voters for Gun Safety		24-hour E/E	
F. Event Information			
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
091314A		Campaign Training Seminar	
Location: Street Address		City	State Zip Code
Inn at Middletown 70 Main Street		Middletown	CT 06457
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
Event # Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
CT Voters for Fire Safety				24-hour E/E	
G. Expenses Paid by Committee 1 of 2					
Name of Payee			Date of Payment	Method of Payment:	
Kathryn Mayer			8/20/2013	<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
5 Hyvve Drive		Newtown		CT	06470
Expense Type <input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G, Addendum</i>	Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		Reimbursement - bus transportation		7/21/2014A	
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 checked="" type="checkbox"/> Opposed
Mr. Thomas Foley			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount		
TRVL	CV65-0001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$260.00		
Name of Payee			Date of Payment	Method of Payment:	
Jonathan Perloe			8/20/2014	<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
71 Valleywood Road		Cos Cob		CT	06807
Expense Type <input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G, Addendum</i>	Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		Posts for signs		11/21/2014A	
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 checked="" type="checkbox"/> Opposed
Mr. Thomas Foley			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount		
A-OTH	CV65-0002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	103.92		
Name of Payee			Date of Payment	Method of Payment:	
Dot Generation			8/20/2014	<input checked="" type="checkbox"/> Check # 1004 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
16 Dyke Lane		Stamford		CT	06902
Expense Type <input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G, Addendum</i>	Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		signs for rally		7/21/2014A	
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 checked="" type="checkbox"/> Opposed
Mr. Thomas Foley			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount		
A-SIGN	CV65-0003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	478.58		
SUBTOTAL Section G— This Page				842.50	
TOTAL of additional Section G Pages				170.70	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)				1,013.20	

NAME OF COMMITTEE (As reported on Page 1, Line 1) CT Voters for Gun Safety	TYPE OF REPORT 24 Hour I/E
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G. Expenses Paid by Committee

Name of Payee Lisa Labella	Date of Payment 8/20/2014	Method of Payment: <input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 9 Bally Ann Drive	City Trumbull	State CT	Zip Code 06611
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Expense Type <input type="checkbox"/> Operational Cost <input checked="" type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description Water	Event # 7/21/14A
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Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum) Mr. Thomas Foley	Office Sought Governor	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
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Purpose of Expenditure (by code) Food	Expenditure Number CV65-0004	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount 37.20
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Name of Payee People's United Bank	Date of Payment 8/4/14	Method of Payment: <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
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Street Address 850 Main Street	City Bridgewater	State CT	Zip Code 06604
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Expense Type <input checked="" type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description Checks	Event # —
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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
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Purpose of Expenditure (by code) BNK-checks	Expenditure Number CV66-0008	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount 72.50
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Name of Payee Orpheus Design	Date of Payment 8/20/2014	Method of Payment: <input checked="" type="checkbox"/> Check # 1006 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
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Street Address 29 Vincent Avenue	City Stamford	State CT	Zip Code 06905
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Expense Type <input checked="" type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description Web site Design	Event # —
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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
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Purpose of Expenditure (by code) Web-web site design	Expenditure Number CV65-0009	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount 61.00
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SUBTOTAL Section G— This Page	170.70
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III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
GT Voters for Gun Safety				24-hour #1E	
H. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card:		
←			<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity					Date of Transaction
Street Address			City	State	Zip Code
Expense Type	<input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate?		Description	Event #
<input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Vendor, Person or Entity					Date of Transaction
Street Address			City	State	Zip Code
Expense Type	<input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate?		Description	Event #
<input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Vendor, Person or Entity					Date of Transaction
Street Address			City	State	Zip Code
Expense Type	<input type="checkbox"/> Operational Cost	If an Independent Expenditure, is it on behalf of more than one candidate?		Description	Event #
<input type="checkbox"/> Independent Expenditure		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i>			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)				Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?	Amount	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
SUBTOTAL Section H — This Page					0.00
TOTAL of additional Section H Pages					0.00
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 19, Column A of Summary Page Totals)					0.00

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) CT Voters for Gun Safety				TYPE OF REPORT 24-hour F/E	
I. Expenses Incurred by Committee but Not Paid During this Period 1 of 2					
Name of Creditor Marty Isaac				Date Incurred 8/7/14	
Street Address 739 Old Fairfield Road			City Fairfield	State CT	Zip Code 06824
Expense Type <input type="checkbox"/> Operational Cost <input checked="" type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description Facebook advertising		Event # —
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I, Addendum) see attached				Office Sought see attached	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) A-Web		Expenditure Number CVGS-2006	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount 400.00 (est.)	
Name of Creditor The Inn at Middletown				Date Incurred 8/20/2014	
Street Address 70 Main Street			City Middletown	State CT	Zip Code 06457
Expense Type <input type="checkbox"/> Operational Cost <input checked="" type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description Deposit for training seminar candidates TBD		Event # 091314A
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I, Addendum) TBD				Office Sought TBD	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) PBA-OTH - deposit		Expenditure Number CVGS-0010	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$500.00	
Name of Creditor Joseph S. Grabarz				Date Incurred 8/20/2014	
Street Address 66 3rd Street			City New Britain	State CT	Zip Code 06051
Expense Type <input type="checkbox"/> Operational Cost <input checked="" type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description Consultant		Event # —
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I, Addendum) N/A				Office Sought N/A	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) CNSLT		Expenditure Number CVGS-0007	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount 1500.00	
SUBTOTAL Section I-This Page				2400.00	
TOTAL of additional Section I Pages				0.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <small>(Enter total on Line 20, Column A of Summary Page Totals)</small>				2400.00	
Previously reported Expenses Unpaid and still Outstanding				2742.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <small>(Enter total on Line 20a, Column A of Summary Page Totals)</small>				5142.00	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT			
CT Voters for Gun Safety				24-hour I/E			
J. Itemization of Reimbursements to Committee Workers and Consultants							
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Mayer			Kathryn		-	7/21/2014	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G:		
All-Star Transportation					<input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor				City		State	Zip Code
146 Huntington Avenue				Waterbury		CT	06708
Expense Type <input type="checkbox"/> Operational Cost		If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		If yes, complete Section J. Addendum		Reimbursement - bus transportation		72114A	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)					Office Sought		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Mr. Thomas Foley					Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount		
TRVL		CVGS-0001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		260.00		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Perloe			Jonathan			7/21/2014	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G:		
Home Depot					<input checked="" type="checkbox"/> Check # 1002 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor				City		State	Zip Code
150 Midland Avenue				Port Chester		NY	10573
Expense Type <input type="checkbox"/> Operational Cost		If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		If yes, complete Section J. Addendum		Posts for banners		072114A	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)					Office Sought		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Mr. Thomas Foley					Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount		
		CVGS-0002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		103.92		
Last Name of Worker/Consultant			First		MI	Date of Payment to Vendor	
Labeila			Lisa			7/21/2014	
Name of Vendor Paid by Committee Worker/Consultant					Payment to Reimburse Committee Worker/Consultant as reported in Section G:		
Whole Foods					<input checked="" type="checkbox"/> Check # 1005 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor				City		State	Zip Code
575 Boston Post Road				Port Chester		NY	10573
Expense Type <input type="checkbox"/> Operational Cost		If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description		Event #	
<input checked="" type="checkbox"/> Independent Expenditure		If yes, complete Section J. Addendum		Water		072114A	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum)					Office Sought		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Mr. Thomas Foley					Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount		
Food		CVGS-0004	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37.20		
SUBTOTAL Section J — This Page						401.12	
TOTAL of additional Section J Pages						—	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS						401.12	

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Voters for Gun Safety	24-hour I/E

K. Five Largest Contributions 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 days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.

Source of Contribution—Name of Person Making Contribution	Expenditure Number Section	Number
CT Against Gun Violence	G1	CVGS-0003
Address of Person Making Contribution—City	State	Zip Code
739 Old Post Road, Fairfield	CT	06824
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount	
Ron Pinciard	11,051.29	
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	
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	
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	
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	

See Additional Page(s)

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <i>CT Votes for Gun Safety</i>		TYPE OF REPORT <i>24-hour #/E</i>	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication			
Name of Person Making Covered Transfer to Person Reported in Section K <i>N/A</i>			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	

See Additional Page(s)