SEEC FORM 40

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

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COVER PAGE

1. NAME OF COMMITTEE | **2. ELECTION/REFERENDUM DATE**

Connecticut Forward | 11/04/2014

3. TREASURER NAME

First	MI	Last	Suffix
Michael	J	Belmont	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
174 Wright Pond Rd	Canterbury	CT	06331

5. TYPE OF REPORT *(Check One Box)*

- ☐ January 10 filing
- ☐ April 10 filing
- ☐ July 10 filing
- ☐ October 10 filing
- ☒ 24 Hour Independent Expenditure
  - ○ Primary
  - ☿ Election
- ☐ 7th day preceding primary
- ☐ 7th day preceding election
- ☐ 45 days following election not held in November
- ☐ 7th day preceding referendum
- ☐ 45 days following referendum
- ☐ Termination
- ☐ Initial Contribution or Disbursement
- ☐ Amendment to
  Type of Report: _____

6. PERIOD COVERED

Beginning Date		Ending Date
10/02/2014	thru	10/06/2014

7. CERTIFICATION

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.

TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
[signature]	MICHAEL BELMONT	10/06/2014

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 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	
Connecticut Forward	24 Hour	
	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
9. Balance on hand at the beginning of Reporting Period	523,458.84	
10. Monetary Receipts (Sections A and B)	0	2,660,000
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	0	2,660,000
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	523,458.84	2,660,000
14. Expenses Paid by Committee (Section G)	490,253.00	2,626,794.61
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	33,205.84	33,205.84
16. In-Kind Contributions Received (Section D)	0	0
17. Refundable Deposit to Telephone Company (Section E)	0	0
18. Beginning Loan Balance	0	
18a. + Loans Received (Section C)	0	0
18b. + Interest and Penalties on Loan	0	0
18c. - Payments on Loan	0	0
18d. Total Outstanding Loan Amount	0	
19. Expenses Incurred on Committee Credit Card (Section H)	0	0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	0	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	0	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour
A. Total Contributions from Small Individual Contributors-Received this Period ONLY *(See instructions for definition of Small Individual Contributor)* **SUBTOTAL SECTION A**	$ 0

B. Itemized Monetary Receipts

Name

Street Address	City	State	Zip Code

Principal Occupation *(if applicable)*	Name of Employer *(if applicable)*

Source Type: ☐ Individual/Sole Proprietorship ☐ Committee ☐ Other ☐ Bank ☐ Affiliated Business Entity ☐ Affiliated Organization

Type of Receipt: ☐ Contribution ☐ Reimbursement for Shared Expense ☐ Bank Interest ☐ Surplus Distribution ☐ Transfer from Affiliated Treasury ☐ Miscellaneous

Is this contribution associated with an event reported in Section F? ☐ Yes ☐ No
If yes, list Event # _____

Method of Receipt: ☐ Cash ☐ EFT ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Aggregate Contributions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

Is contributor a state contractor, prospective state contractor or principal thereof? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount Received

Description *(if applicable)*	Date Received

Name

Street Address	City	State	Zip Code

Principal Occupation *(if applicable)*	Name of Employer *(if applicable)*

Source Type: ☐ Individual/Sole Proprietorship ☐ Committee ☐ Other ☐ Bank ☐ Affiliated Business Entity ☐ Affiliated Organization

Type of Receipt: ☐ Contribution ☐ Reimbursement for Shared Expense ☐ Bank Interest ☐ Surplus Distribution ☐ Transfer from Affiliated Treasury ☐ Miscellaneous

Is this contribution associated with an event reported in Section F? ☐ Yes ☐ No
If yes, list Event # _____

Method of Receipt: ☐ Cash ☐ EFT ☐ Personal Check ☐ Credit/Debit Card ☐ Payroll Deduction ☐ Money Order

Aggregate Contributions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No

Is contributor a state contractor, prospective state contractor or principal thereof? ☐ Yes ☐ No
If yes, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative

Amount Received

Description *(if applicable)*	Date Received

SUBTOTAL Section B — This Page	
TOTAL of additional Section B Pages	
TOTAL OF ALL RECEIPTS (Sections A + B) *(Enter total on Line 10, Column A of Summary Page Totals)*	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

C. Loans Received this Period

Name of Lender		Source of Loan: ☐ Bank ☐ Individual ☐ Committee ☐ Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				Amount Received
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ☐ Bank ☐ Individual ☐ Committee ☐ Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				Amount Received
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ☐ Bank ☐ Individual ☐ Committee ☐ Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				Amount Received
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ☐ Bank ☐ Individual ☐ Committee ☐ Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				Amount Received
Street Address	City	State	Zip Code	

Name of Lender		Source of Loan: ☐ Bank ☐ Individual ☐ Committee ☐ Other		Date of Receipt
Street Address	City	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor *(if applicable)*				Amount Received
Street Address	City	State	Zip Code	

SUBTOTAL Section C — This Page	
TOTAL of additional Section C Pages	
TOTAL OF ALL LOANS *(Enter total on Line 11and Line 18, Column A of Summary Page Totals)*	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

D. In-Kind Contributions

Name

Street Address | City | State | Zip Code

Type of contributor: ☐ Individual / Sole Proprietorship ☐ Committee ☐ Other | Date Received | Aggregate Contributions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No | Is contributor a state contractor, prospective state contractor or principal thereof? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative | **Fair Market Value of this Contribution**

Is this contribution associated with an event reported in Section F? ☐ Yes ☐ No *If yes*, list Event # ______ | Description of In-Kind Contribution

Name

Street Address | City | State | Zip Code

Type of contributor: ☐ Individual / Sole Proprietorship ☐ Committee ☐ Other | Date Received | Aggregate Contributions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No | Is contributor a state contractor, prospective state contractor or principal thereof? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative | **Fair Market Value of this Contribution**

Is this contribution associated with an event reported in Section F? ☐ Yes ☐ No *If yes*, list Event # ______ | Description of In-Kind Contribution

Name

Street Address | City | State | Zip Code

Type of contributor: ☐ Individual / Sole Proprietorship ☐ Committee ☐ Other | Date Received | Aggregate Contributions

Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes ☐ No | Is contributor a state contractor, prospective state contractor or principal thereof? ☐ Yes ☐ No *If yes*, indicate which branch or branches of government the contract is with: ☐ Executive ☐ Legislative | **Fair Market Value of this Contribution**

Is this contribution associated with an event reported in Section F? ☐ Yes ☐ No *If yes*, list Event # ______ | Description of In-Kind Contribution

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

E. Refundable Deposit to Telephone Company

Last Name of Individual | First | MI | Date Deposit Made

Residential Street Address | City | State | Zip Code | **Amount of Deposit**

Name of Telephone Company

Street Address | City | State | Zip Code

TOTAL 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
Connecticut Forward	24 Hour

F. Event Information

Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
Event # / Date of Event / Letter	Description		Was this a fundraising event?
			☐ Yes ☐ No
Location: Street Address	City	State	Zip Code
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
Connecticut Forward	24 Hour

G. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Great American Media	10/06/2014	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3050 K St NW Suite 100	Washington	DC	20007

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section G. Addendum)	Description	Event #
☐ Yes ☒ No	Media Buy	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G Addendum)	Office Sought	
Tom Foley	Governor	☐ Supported ☒ Opposed

Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-TV	0030	☐ Yes ☒ No	$401,181.00

Name of Payee	Date of Payment	Method of Payment:
Great American Media	10/06/2014	☐ Check # ☐ Debit Card ☒ EFT

Street Address	City	State	Zip Code
3050 K St NW Suite 100	Washington	DC	20007

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section G. Addendum)	Description	Event #
☐ Yes ☒ No	Media Buy	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G Addendum)	Office Sought	
Tom Foley	Governor	☐ Supported ☒ Opposed

Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-TV	0031	☐ Yes ☒ No	$84,792.00

Name of Payee	Date of Payment	Method of Payment:
New Partners Consulting Inc	10/06/2014	☒ Check # 1027 ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code
1250 Eye St NW Suite 200	Washington	DC	20005

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section G. Addendum)	Description	Event #
☐ Yes ☒ No	Research Services	

Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G Addendum)	Office Sought	
Tom Foley	Governor	☐ Supported ☒ Opposed

Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
CNSLT	0032	☐ Yes ☒ No	$4,280.00

SUBTOTAL Section G— This Page	$ 490,253.00
TOTAL of additional Section G Pages	$0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)	$ 490,253.00

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

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? *If yes, complete Section H. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

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? *If yes, complete Section H. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

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? *If yes, complete Section H. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

SUBTOTAL Section H — This Page	
TOTAL of additional Section H Pages	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 19, Column A of Summary Page Totals)*	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

I. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	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	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		

Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	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	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		

Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	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	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		

SUBTOTAL Section I-This Page	
TOTAL of additional Section I Pages	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID ***(Enter total on Line 20, Column A of Summary Page Totals)***	
Previously reported Expenses Unpaid and still Outstanding	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID ***(Enter total on Line 20a, Column A of Summary Page Totals)***	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

J. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant	First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT		
Street Address of Vendor	City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum*	Description			Event #	
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)*	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		
Last Name of Worker/Consultant	First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT		
Street Address of Vendor	City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum*	Description			Event #	
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)*	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		
Last Name of Worker/Consultant	First		MI	Date of Payment to Vendor	
Name of Vendor Paid by Committee Worker/Consultant			Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT		
Street Address of Vendor	City		State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum*	Description			Event #	
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)*	Office Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount		

SUBTOTAL Section J — This Page	
TOTAL of additional Section J Pages	
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

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
Democratic Governors Association	G	30,31
Address of Person Making Contribution—City	**State**	**Zip Code**
1401 K St NW Suite 200 Washington	DC	20005
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	**Amount**	
Benjamin Metcalf	$1,250,000.00	

Source of Contribution —Name of Person Making Contribution	Expenditure Number Section	Number
American Federation of State County and Municipal Employees	G	30,31
Address of Person Making Contribution —City	**State**	**Zip Code**
1625 L St NW Washington	DC	20036
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	**Amount**	
Laura Reyes	$900,000.00	

Source of Contribution —Name of Person Making Contribution	Expenditure Number Section	Number
AFT Solidarity	G	30,31
Address of Person Making Contribution —City	**State**	**Zip Code**
555 New Jersey Ave NW Washington	DC	20001
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	**Amount**	
Lorretta Johnson	$250,000.00	

Source of Contribution —Name of Person Making Contribution	Expenditure Number Section	Number
Service Employees International Union COPE	G	30,31
Address of Person Making Contribution —City	**State**	**Zip Code**
1800 Massachusetts Ave NW Washington	DC	20036
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	**Amount**	
Michael Fishman	$250,000.00	

Source of Contribution —Name of Person Making Contribution	Expenditure Number Section	Number
Teamsters Local 1150	G	30,31
Address of Person Making Contribution —City	**State**	**Zip Code**
150 Garfield Ave Stratford	CT	06497
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution	**Amount**	
Calo Rocco	$10,000.00	

☐ **See Additional Page(s)**

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Connecticut Forward	24 Hour

L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication

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 *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
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
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
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
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
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section* *Number*	

☐ **See Additional Page(s)**