

# SEEC FORM 40

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


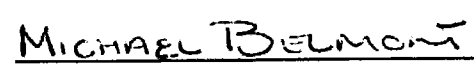


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## COVER PAGE

|  |  |  |   |
|--|--|--|---|
| <b>1. NAME OF COMMITTEE</b>  |  | <b>2. ELECTION/REFERENDUM DATE</b>   |   |
| Connecticut Forward  |  | 11/04/2014   |   |
| <b>3. TREASURER NAME</b>   |  |  |   |
| First  | MI   | Last   | Suffix  |
| Michael  | J  | Belmont  |   |
| <b>4. TREASURER ADDRESS</b>  |  |  |   |
| Street Address   | City   | State  | Zip Code  |
| 174 Wright Pond Rd   | Canterbury   | CT   | 06331   |
| <b>5. TYPE OF REPORT (Check One Box)</b>   |  |  |   |
| <input type="checkbox"/> January 10 filing   | <input type="checkbox"/> 7th day preceding primary                       | <input type="checkbox"/> 7th day preceding referendum                                | <input type="checkbox"/> Initial Contribution or Disbursement |
| <input type="checkbox"/> April 10 filing   | <input type="checkbox"/> 7th day preceding election                      | <input type="checkbox"/> 45 days following referendum                                | <input type="checkbox"/> Amendment to                         |
| <input type="checkbox"/> July 10 filing  | <input type="checkbox"/> 45 days following election not held in November | <input type="checkbox"/> Termination   | Type of Report:   |
| <input type="checkbox"/> October 10 filing   |  |  |   |
| <input checked="" type="checkbox"/> 24 Hour Independent Expenditure<br><input type="radio"/> Primary <input checked="" type="radio"/> Election   |  |  |   |
| <b>6. PERIOD COVERED</b>   |  |  |   |
| Beginning Date   |  | Ending Date  |   |
| 10/21/2014   |  | thru 10/22/2014  |   |
| <b>7. CERTIFICATION</b>  |  |  |   |
| 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   |   |
|  |  | 10/22/2014   |   |
|  |  | DATE (mm/dd/yyyy)  |   |
| A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.  |  |  |   |

**SEEC FORM 40**

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**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<br>This Period | COLUMN B<br>Aggregate |
| Connecticut Forward  | 24 Hour                 |                       |
| 8. Balance on hand January 1 of current year for ongoing and party committees OR<br>Balance on hand from day committee was formed for all other committees |                         | 0                     |
| 9. Balance on hand at the beginning of Reporting Period  | 29,088.33               |                       |
| 10. Monetary Receipts (Sections A and B)   | 200,000.00              | 4,360,000.00          |
| 11. Loans (Sections C)   | 0                       | 0                     |
| 12. Total Monetary Receipts (add totals for Lines 10 through 11)   | 200,000.00              | 4,360,000.00          |
| 13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)  | 200,000.00              | 4,360,000.00          |
| 14. Expenses Paid by Committee (Section G)   | 164,751.38              | 4,295,663.05          |
| 15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)   | 64,336.95               | 64,336.95             |
| 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)   | 48,850.60               |                       |
| 20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)   | 1,079,573.02            |                       |

# I. RECEIPTS (Sections A—E)

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1)   |  | TYPE OF REPORT  |  |
| Connecticut Forward   |  | 24 Hour   |  |
| <b>A. Total Contributions from Small Individual Contributors Received this Period ONLY</b><br>(See instructions for definition of Small Individual Contributor)   |  | <b>SUBTOTAL SECTION A</b>   |  |
|   |  | \$ 0  |  |
| <b>B. Itemized Monetary Receipts</b>  |  |   |  |
| Name<br>Democratic Governors Association  |  |   |  |
| Street Address<br>1401 K St NW Suite 200  |  | City<br>Washington  |  |
|   |  | State<br>DC   |  |
|   |  | Zip Code<br>20005   |  |
| 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<br><input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input checked="" type="checkbox"/> Affiliated Organization |  | Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest<br><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?<br>If yes, list Event #  |  | Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order  |  |
|   |  | Aggregate Contributions<br>\$2,450,000.00   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | Is contributor a state contractor, prospective state contractor or principal thereof?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |
|   |  | Amount Received<br>200,000.00   |  |
| Description (if applicable)<br>Contribution   |  | Date Received<br>10/21/2014   |  |
| 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<br><input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization            |  | Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest<br><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?<br>If yes, list Event #  |  | Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check<br><input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order   |  |
|   |  | Aggregate Contributions   |  |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | Is contributor a state contractor, prospective state contractor or principal thereof?<br>If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative  |  |
|   |  | Amount Received   |  |
| Description (if applicable)   |  | Date Received   |  |
| <b>SUBTOTAL Section B — This Page</b>   |  | 200,000.00  |  |
| <b>TOTAL of additional Section B Pages</b>  |  | 0   |  |
| <b>TOTAL OF ALL RECEIPTS (Sections A + B)</b><br>(Enter total on Line 10, Column A of Summary Page Totals)  |  | 200,000.00  |  |

# I. RECEIPTS (Sections A—E)

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

# I. RECEIPTS (Sections A—E)

|   |                       |
|---|-----------------------|
| <b>NAME OF COMMITTEE</b> <i>(As reported on Page 1, Line 1)</i> | <b>TYPE OF REPORT</b> |
| <u>Connecticut Forward</u>                                      | <u>24 hour</u>        |

## D. In-Kind Contributions

|  |  |  |                         |
|--|--|--|-------------------------|
| Name   |  |  |                         |
| Street Address   |  | City                                   | State Zip Code          |
| Type of contributor:<br><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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Fair Market Value of this Contribution |                         |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, list Event # _____</i> | Description of In-Kind Contribution  |  |                         |
| Name   |  |  |                         |
| Street Address   |  | City                                   | State Zip Code          |
| Type of contributor:<br><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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Fair Market Value of this Contribution |                         |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, list Event # _____</i> | Description of In-Kind Contribution  |  |                         |
| Name   |  |  |                         |
| Street Address   |  | City                                   | State Zip Code          |
| Type of contributor:<br><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? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | Fair Market Value of this Contribution |                         |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If yes, list Event # _____</i> | 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 |                   |
| <b>TOTAL SECTION E</b> <i>(Enter total on Line 17, Column A of Summary Page Totals)</i> |  |       |                |                   |

## II. EVENT ACTIVITY (Section F)

|   |                      |               |                    |  |
|---|----------------------|---------------|--------------------|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) |                      |               | TYPE OF REPORT     |  |
| <i>Connecticut Forward</i>                        |                      |               | <i>24 Hour</i>     |  |
| <b>F. Event Information</b>                       |                      |               |                    |  |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |
| <b>Event #</b>                                    | <b>Date of Event</b> | <b>Letter</b> | <b>Description</b> | <b>Was this a fundraising event?</b>                     |
|   |                      |               |                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Location: Street Address                          |                      |               | City               | State   Zip Code   |

### III. EXPENDITURES (Sections G—J)

|  |  |                           |   |                       |   |
|--|--|---------------------------|---|-----------------------|---|
| <b>NAME OF COMMITTEE</b> <i>(As reported on Page 1, Line 1)</i>  |  |                           |   | <b>TYPE OF REPORT</b> |   |
| Connecticut Forward  |  |                           |   | 24 Hour               |   |
| <b>G. Expenses Paid by Committee</b>   |  |                           |   |                       |   |
| <b>Name of Payee</b>   |  |                           | <b>Date of Payment</b>  |                       | <b>Method of Payment:</b>   |
| Rising Tide Interactive LLC  |  |                           | 10/21/2014  |                       | <input checked="" type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |
| <b>Street Address</b>  |  | <b>City</b>               |   | <b>State</b>          | <b>Zip Code</b>   |
| 901 New York Ave NW Suite 407E   |  | Washington                |   | DC                    | 20001   |
| <b>If an Independent Expenditure, is it on behalf of more than one candidate?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G, Addendum</i> |  | <b>Description</b>        |   |                       | <b>Event #</b>  |
|  |  | Digital Advertising       |   |                       |   |
| <b>Name of Candidate</b> <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G, Addendum)</i>  |  |                           | <b>Office Sought</b>  |                       | <input type="checkbox"/> Supported<br><input checked="" type="checkbox"/> Opposed                               |
| Tom Foley  |  |                           | Governor  |                       |   |
| <b>Purpose of Expenditure</b><br><i>(by code)</i>  |  | <b>Expenditure Number</b> | <b>Associated with Referendum?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                       | <b>Amount</b>   |
| A-WEB  |  | 0046                      |   |                       | \$164,751.38  |
| <b>Name of Payee</b>   |  |                           | <b>Date of Payment</b>  |                       | <b>Method of Payment:</b>   |
|  |  |                           |   |                       | <input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT            |
| <b>Street Address</b>  |  | <b>City</b>               |   | <b>State</b>          | <b>Zip Code</b>   |
|  |  |                           |   |                       |   |
| <b>If an Independent Expenditure, is it on behalf of more than one candidate?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G, Addendum</i>            |  | <b>Description</b>        |   |                       | <b>Event #</b>  |
|  |  |                           |   |                       |   |
| <b>Name of Candidate</b> <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G, Addendum)</i>  |  |                           | <b>Office Sought</b>  |                       | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed  |
|  |  |                           |   |                       |   |
| <b>Purpose of Expenditure</b><br><i>(by code)</i>  |  | <b>Expenditure Number</b> | <b>Associated with Referendum?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                       | <b>Amount</b>   |
|  |  |                           |   |                       |   |
| <b>Name of Payee</b>   |  |                           | <b>Date of Payment</b>  |                       | <b>Method of Payment:</b>   |
|  |  |                           |   |                       | <input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card <input type="checkbox"/> EFT            |
| <b>Street Address</b>  |  | <b>City</b>               |   | <b>State</b>          | <b>Zip Code</b>   |
|  |  |                           |   |                       |   |
| <b>If an Independent Expenditure, is it on behalf of more than one candidate?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G, Addendum</i>            |  | <b>Description</b>        |   |                       | <b>Event #</b>  |
|  |  |                           |   |                       |   |
| <b>Name of Candidate</b> <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G, Addendum)</i>  |  |                           | <b>Office Sought</b>  |                       | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed  |
|  |  |                           |   |                       |   |
| <b>Purpose of Expenditure</b><br><i>(by code)</i>  |  | <b>Expenditure Number</b> | <b>Associated with Referendum?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No            |                       | <b>Amount</b>   |
|  |  |                           |   |                       |   |
| <b>SUBTOTAL Section G— This Page</b>   |  |                           |   |                       | 164,751.38  |
| <b>TOTAL of additional Section G Pages</b>   |  |                           |   |                       | 0   |
| <b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> <i>(Enter total on Line 14, Column A of Summary Page Totals)</i>  |  |                           |   |                       | 164,751.38  |

### III. EXPENDITURES (Sections G—J)

|  |  |                    |  |                                  |  |
|--|--|--------------------|--|----------------------------------|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1)<br><b>Connecticut Forward</b>  |  |                    |  | TYPE OF REPORT<br><b>24 Hour</b> |  |
| <b>H. Expenses Incurred on Committee Credit Card</b>   |  |                    |  |                                  |  |
| Name of Issuing Institution  |  |                    | Type of Credit Card:<br><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   |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i> |  | 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  |                                  | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure<br><small>(by code)</small>   |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i> |  | 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  |                                  | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure<br><small>(by code)</small>   |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i> |  | 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  |                                  | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure<br><small>(by code)</small>   |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section H. Addendum</i> |  | 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  |                                  | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure<br><small>(by code)</small>   |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Amount                           |  |
| <b>SUBTOTAL Section H — This Page</b>  |  |                    |  |                                  |  |
| <b>TOTAL of additional Section H Pages</b>   |  |                    |  |                                  |  |
| <b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b><br><i>(Enter total on Line 19, Column A of Summary Page Totals)</i>   |  |                    |  |                                  |  |



### III. EXPENDITURES (Sections G—J)

|   |  |                     |   |   |          |
|---|--|---------------------|---|---|----------|
| <b>NAME OF COMMITTEE</b> (As reported on Page 1, Line 1)  |  |                     |   | <b>TYPE OF REPORT</b>   |          |
| Connecticut Forward   |  |                     |   | 24 Hour   |          |
| <b>I. Expenses Incurred by Committee but Not Paid During this Period</b>  |  |                     |   |   |          |
| Name of Creditor  |  |                     |   | Date Incurred   |          |
| Rising Tide Interactive LLC   |  |                     |   | 10/22/2014  |          |
| Street Address  |  | City                |   | State   | Zip Code |
| 901 New York Ave NW Suite 470E  |  | Washington          |   | DC  | 20001    |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Description         |   | Event #   |          |
| If yes, complete Section I, Addendum  |  | Digital Advertising |   |   |          |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)         |  |                     |   | Office Sought   |          |
| Tom Foley   |  |                     |   | Governor  |          |
|   |  |                     |   | <input type="checkbox"/> Supported<br><input checked="" type="checkbox"/> Opposed |          |
| Purpose of Expenditure (for code)   |  | Expenditure Number  | Associated with Referendum?   | Amount  |          |
| A-WEB   |  | 0051                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 48,850.60   |          |
| Name of Creditor  |  |                     |   | Date Incurred   |          |
|   |  |                     |   |   |          |
| Street Address  |  | City                |   | State   | Zip Code |
|   |  |                     |   |   |          |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |  | Description         |   | Event #   |          |
| If yes, complete Section I, Addendum  |  |                     |   |   |          |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)         |  |                     |   | Office Sought   |          |
|   |  |                     |   |   |          |
|   |  |                     |   | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed            |          |
| Purpose of Expenditure (for code)   |  | Expenditure Number  | Associated with Referendum?   | Amount  |          |
|   |  |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |          |
| Name of Creditor  |  |                     |   | Date Incurred   |          |
|   |  |                     |   |   |          |
| Street Address  |  | City                |   | State   | Zip Code |
|   |  |                     |   |   |          |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No            |  | Description         |   | Event #   |          |
| If yes, complete Section I, Addendum  |  |                     |   |   |          |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)         |  |                     |   | Office Sought   |          |
|   |  |                     |   |   |          |
|   |  |                     |   | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed            |          |
| Purpose of Expenditure (for code)   |  | Expenditure Number  | Associated with Referendum?   | Amount  |          |
|   |  |                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |          |
| <b>SUBTOTAL Section I-This Page</b>   |  |                     |   | 48,850.60   |          |
| <b>TOTAL of additional Section I Pages</b>  |  |                     |   | 0   |          |
| <b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b><br>(Enter total on Line 20, Column A of Summary Page Totals)   |  |                     |   | 48,850.60   |          |
| <b>Previously reported Expenses Unpaid and still Outstanding</b>  |  |                     |   | 1,030,722.42  |          |
| <b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b><br>(Enter total on Line 20a, Column A of Summary Page Totals)                     |  |                     |   | 1,079,573.02  |          |

### III. EXPENDITURES (Sections G—J)

|  |  |                    |   |   |  |
|--|--|--------------------|---|---|--|
| <b>NAME OF COMMITTEE</b> <i>(As reported on Page 1, Line 1)</i>  |  |                    |   | <b>TYPE OF REPORT</b>   |  |
| Connecticut Forward  |  |                    |   | 24 Hour   |  |
| <b>J. Itemization of Reimbursements to Committee Workers and Consultants</b>   |  |                    |   |   |  |
| 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:<br><input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address of Vendor   |  | City               |   | State   | Zip Code   |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i> |  | Description        |   |   | Event #  |
| Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>                                   |  |                    |   | Office Sought   | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure <i>(by code)</i>  |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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:<br><input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address of Vendor   |  | City               |   | State   | Zip Code   |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i> |  | Description        |   |   | Event #  |
| Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>                                   |  |                    |   | Office Sought   | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure <i>(by code)</i>  |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> 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:<br><input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT |  |
| Street Address of Vendor   |  | City               |   | State   | Zip Code   |
| If an Independent Expenditure, is it on behalf of more than one candidate?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i> |  | Description        |   |   | Event #  |
| Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)</i>                                   |  |                    |   | Office Sought   | <input type="checkbox"/> Supported<br><input type="checkbox"/> Opposed |
| Purpose of Expenditure <i>(by code)</i>  |  | Expenditure Number | Associated with Referendum?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   | Amount   |
| <b>SUBTOTAL Section J — This Page</b>  |  |                    |   |   |  |
| <b>TOTAL of additional Section J Pages</b>   |  |                    |   |   |  |
| <b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b>   |  |                    |   |   |  |

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☐ See Additional Page(s)

# IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

|  |  |                                      |          |
|--|--|--------------------------------------|----------|
| NAME OF COMMITTEE (As reported on Page 1, Line 1)                                      |  | TYPE OF REPORT                       |          |
| Connecticut Forward  |  | 24 Hour                              |          |
| <b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b> |  |                                      |          |
| 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<br>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<br>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<br>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<br>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<br>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<br>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<br>Section Number |          |

☐ See Additional Page(s)