Page 1 of 12

SEEC FORM 40

Itemized Campaign Finance Disclosure Statement

For Independent Expenditure Only Political Committee VED SEEC CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised July 2014

2014 OCT 22 P 3: Up Ont Mark in This Space dur Charles Listen b 0 1

COVER PAGE

			2 RECTION/REPERENDUM DATE						
1. NAME OF COMMITTEE									
Connecticut F	orward		11/04/2014						
3. TREASURER NAME									
First Michael	J	Belmont	Soffix						
4. TREASURER ADDRESS			A Company of the Comp						
174 Wright Por	_	Canterbury	State Zip Code O6 331						
5. TYPE OF REPORT (Check One Bax)		Commence of the Commence of th	A section of the section of						
☐ January 10 filing	☐ 7th day preceding primary	☐ 7th day preceding referendum	☐ Initial Contribution or Disbursement						
☐ April 10 filing	☐ 7th day preceding election	☐ 45 days following referendum	☐ Amendment to						
☐ July 10 filing	45 days following election	☐ Termination	Type of Report:						
October 10 filing	not held in Movember								
24 Hour Independent Expenditure O Primary SElection									
6, PERIOD COVERED									
	Beginning Date	Ending Date							
_	10/21/2014	thru 10/22/2014							
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.									
11.12	4	1	~ 10/22/2014						
TREASURER OR DEPUTY TREASURE		MICHAEL DELMO	DATE (mn/dd/yyyy)						
	d to have knowingly and wil	Ifully violated any provisions of the co	ampaign finance statutes						
•	faces a civil pend	alty 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)		
Connecticut Forward	24 Hour	
	COLUMN A This Period	COLUMN B Aggregate
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	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)	44,336.95	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	O	
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
A. Total Contributions from Small Individual Contributors-Received this Peri (See instructions for definition of Small Individual Contributor) SUBTOTAL SE	od ONLY S C
B. Itemized Monetary Reco	elpts
Democratic Governors Association	
1401 K St NW Suite 200 City Wash	sington State Zip Code DC 20005
Principal Occupation (if applicable) Name of E	imployes (if applicable)
Source Type:	n Transfer from Affiliated Treasury Miscellaneous
Is this contribution associated with an event reported in Section F? Yes Wethod of Receipt: Cash EFT	
Is contributor a lobbyist, spouse, Yes Is contributor a state contractor, prospective state contract	ive D Legislative
Description (g applicable) Contribution	Date Received 200,000.00
Name	
Street Address City	State Zip Code
Principal Occupation (if applicable) Name of I	Employer (f applicable)
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: C Bank Affiliated Business Entity Affiliated Organization Surplus Distribution	
Is this contribution associated with an event reported in Section F? No No Credit/Debit Card Payroll Deduction F?	
Is contributor a lobbyist, spouse,	tive Legislative
Description (y applicable)	Date Received
SUBTOTAL Section 1	B—This Page 200,000.00
TOTAL of additional Se	ection B Pages
TOTAL OF ALL RECEIPTS (Enter total on Line 10, Column A of Sum	(Sections A + B) ZOO, OOO.

I. RECEIPTS (Sections A-E)

Name of Lender Street Address City Name of Cosigner/Guarantor (if applicable) Street Address City	Source of Loan: Source of Loan: Individual	□Come State	Zip Code	Date of Receipt Is there a Cosigner or Guarantor of this foan? Yes No Amount Received
Nume of Lender Street Address Chy Name of Cosigner/Guarantor (if applicable) Street Address City	Source of Loan: Bank	State	mittee □ Other	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable) Street Address City	□ Bank □ Individual Source of Loan:	State	Zip Code	Is there a Cosigner or Guarantor of this foan?
Name of Cosigner/Guarantor (if applicable) Street Address City	1			Guarantor of this loan?
Street Address City	1	State		Guarantor of this loan?
	1	State		
	1	State		
	1	State		
Name of Lender	1		Zip Code	1
Name of Lender	1	1		
		1		Date of Receipt
	☐ Bank ☐ Individual	☐ Comr	nittee	
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	1
Name of Lender	Source of Loan:			Date of Receipt
	☐ Bank ☐ Individual	Comn	nittee	
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	
		ļ		
Name of Lender	Source of Loan:	Π.	Pos	Date of Receipt
	☐ Bank ☐ Individual	Comn	nittee Other	
Street Address City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
				Yes No
Name of Cosigner/Guarantor (if upplicable)				Amount Received
Street Address City		State	Zip Code	
Name of Lender	Source of Loan: Bank Individual	□ Comm	ittee 🔲 Other	Date of Receipt
itreet Address City	Datik Dilidiyiddai		_	·
City City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
				☐ Yes ☐ No
lame of Cosignet/Guarantor (if applicable)				Amount Received
				
Breet Address City		State	Zip Code	
SUBTO	FAL Section C — This Pa	ge		
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TOTAL OF	additional Section C Pag	62		
	TOTAL OF ALL LOAD	NS SP		
(Enter total on Line 1 land Line 18, (

NAME OF COMMITTEE (As reported on F	age 1, Line	<i>a y</i>			TYPE C	F REPO	RT	y with	
Connecticut Forn		_			24	Ho	ur		
			ind Con	tributions			ing or war	The same of the sa	en a percentago. Esta esta esta esta esta esta esta esta e
Name									
Street Address				City				State	Zip Code
Diffe vitages									
Type of contributor:	<u>-</u>			Date Received		Aggrega	ate Contribu	itions	1
☐ Individual / Sole Proprietorship	☐ Com	mittee	r						
ls contributor a lobbyist, spouse, or tlependent child of a lobbyist?	If yes	utor a state contractor, pr , indicate which branch o ernment the contract is w	r branches	ate contractor or principa Executive Legis		☐ Ye			arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Cor	ntribution						
Name									
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggreg	ate Contribu	itions	
☐ Individual / Sole Proprietorship	☐ Com	mittee 🔲 Other	r						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes	utor a state contractor, pr , indicate which branch o ernment the contract is w	r branches	ate contractor or principa Executive Legis		□ Ye	:5		arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	Yes	Description of In-Kind Co							
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				Icin.				State	Zip Code
Street Address				City				June	2.000
Type of contributor:				Date Received		Aggreg	ate Contribu	utions	-l
☐ Individual / Sole Proprietorship	□ Com								-
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes,	utor a state contractor, pr , indicate which branch o emment the contract is w	r branches	ate contractor or principa Executive Legis		□ Ye	es o		arket Value Contribution
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Con	ntribution						
			St	JBTOTAL Section D	— This P	age			
	3.15.776.7		TC	TAL of additional Se	ection D I	'ages			
TOTAL OF ALL IN-KIND	CONTR	IBUTIONS (Enter to	otal on Line	16, Column A of Summ	ary Page T	otais)			
	E.	Refundable Dep	osit to T	elephone Compa	nv	7 V , V 14.			
ast Name of Individual	19,	Actundant Dep	First	Ozopadno Odanie		T	MI	Date Deposi	1 Made
AIST FIGURE OF INCHEROMOTE									
tesidential Street Address	·····	Cit	J	***	State	Zip Ca	de		Amount of Deposit
Name of Telephone Company			<u></u>		L				
Street Address		Cie	у		State	Zip Co	de		
enger en	OTATO	ECTION E (Enter to		12 04 4 5 5	Page T	1			

NAME OF COMMITTEE	(As reported on Page 1; Line 1)	TYPEO	PREPORT		
connecticut	forward		Hour		TO STATE THAT HE STATE OF THE S
1 (1)	F. Event	Information .			
Event # Date of Event Letter	Description		Wa	s this a fu	ndraising event
				□ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Wa	s this a fu	ndraising event?
				☐ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Wa	s this a fin	I ndraising event?
Don't Delice			"-	☐ Yes	□ No
Location: Street Address	I.	City		State	Zip Code
Event#	Description		337-	a this a fiv	
Date of Event Letter			Was	Strisatui Yes	ndraising event?
Location: Street Address		City		State	Zip Code
]
Event#	Description			<u> </u>	<u> </u>
Date of Event Letter	•		Was	this a fur	ndraising event?
Location: Street Address		City	<u> </u>	State	Zip Code
		City		54,0	Lip Codo
Event#	Description		<u> </u>	<u> </u>	
Date of Event Letter	Description		Was		draising event?
Location: Street Address		City	<u></u>	☐ Yes	□ No Zip Code
Ditte Audites		Chy		State	Zip Code
Enant H					
Event # Date of Event Letter	Description		Was		draising event?
				☐ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description		Was	this a fun	draising event?
				☐ Yes	□ No
Location: Street Address		City		State	Zip Code
Event # Dute of Event Letter	Description		Was	this a fun	draising event?
-4.14				☐ Yes	□ No
Location: Street Address		City		State	Zip Code
				L	

NAME OF COMMITTEE (As reported on I	Page I, Line I)	Ah issi		syntyka i je	TYPE OF	REPORT		
connecticut forwa	ard				24	Hour	-	
	G. 19	Expense	Paid by C	Committ e e			oberio pi - 1. La propia de la companya de la comp	· was in
RISING Tide In	teractive	LLC			10/21	/2014	Method of I Check Debit	c#
RISING Tide Interactive LLC 10/21/2014 ED Street Address 901 New York Are NW Suite 407E Washington DC							State DC	Zip Code 20001
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum	Description Digital							Event#
Name of Candidate (unity complete if Independent Expen Tom Foley	nditure is om behalf of ONE candida	dv—if more tha	n one. Complete Svo	l	Office Sought Govern	701		Supported Opposed
Purpose of Expenditure for condition A-WEB		1 '	46		h Referendum?	\$164	, 751	
Name of Payee				•	Date of Pay	nent	Method of I	¢#
Street Address			City				State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No No Section G. Addendum	Description						•	Event #
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candida	de—if more tha	n one, Complete Sec	tian G. Addendum) - C	Office Sought			Supported Opposed
Purpose of Expenditure rby cush?	41.74	Expenditu	re Number		h Referendum?		Amou	nt
Name of Payce				.	Date of Pay	nent	Method of F	c#
Street Address			City				State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No No Section G. Addendum	Description							Event #
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Purpose of Expenditure		Expenditu	re Number		h Referendum?		Amou	nt
			SUBTO	FAL Section G	— This Page	164	1751	.38
			TOTAL	additional Sec	don G Pages	Y-di	0	•
TOTAL OF ALL EXPENSES PAI	ID BY COMMITTE	E (Enter 10	ital on Line 14,	Column A of Sum	mary Page Tota	104	,751	. <i>3</i> 8

NAME OF COMMITTEE (As reported on Pa	age I, Line))				TYPE OF	REPORT	71/15/23	
Connecticut Forward 24 +			Hour	four				
	H. Expen	ses Incu	irred on Co	mmittee C	redit Card		September	
Name of Issuing Institution			Type of Credit Visa	Card: Master Car	rd 🔲 Discove	er 🔲 American E	ixpress [Other:
Name of Vendor, Person or Entity						Di	ate of Trans	saction
Street Address			City			Sı	ate	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Section H. Addendum	Description		<u>.</u>					Event#
Name of Candidate (unly complete if Independent Expens	dince is on behalf of ONE candidat	e—il mure tha	n one. Complete Secti	on H. Addendum)	Office Sought			
	, , ,	, ,	,	,	omer sough.			Supported Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	rith Referendum?	· · · · · · · · · · · · · · · · · · ·	Amount	
				□ Y	es 🗌 No			
Name of Vendor, Person or Entity		t		_,l		Dr	ite of Trans	action
Street Address			City			St	alc	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description				/////////////////////////////////////			Event #
Yes No Section H. Addendum								
Name of Candidate (only complete if Independent Expend	liture is on behalf of ONE candidate	e – if more that	n one, Cumplete Sectio	on H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	rith Referendum?		Amount	
N: cody)				n	es 🖺 No			
Name of Vendor, Person or Entity						I Da	ite of Trans	action
Street Address		 	City			Sta	ite	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description							Event#
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Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?	ramar an ramaran da ramara sana	Amount	
				□ Y6	s □ No			
		Š	UBTOTAL S	ection H — 7	Chis Page			
		TO	TAL of additi	onal Section	H Pages			
TOTAL OF ALL E	XPENSES INCURR		COMMITT ta 19, Column A					

NAME OF COMMITTEE (As reported on Page 1, Line		TYPE OF							
Connecticut Forward	24	Hour							
I. Expenses Incurred by Committee but Not Paid During this Period									
Nance of Creditor	1. ,10		Date Incurre						
Rising Tide Interactive LLC 10/22/20									
901 NewYork Ave NW	lington	DC	20001						
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No Section 1. Addendum	Digital Advertis	ing		Event #					
Name of Candidate (only complete if Independent Expenditure is on beh	ulf of ONE candidate if more than one. Complete Section			Supported					
Tom Foley		Gover		Opposed					
Purpose of Expenditure threads) A-WEB	Expenditure Number	Associated with Referendum?	48,850.						
			<u> </u>						
Name of Creditor			Date Incurn						
Street Address	City		State	Zip Code					
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section I. Addendum Description				Event #					
Name of Candidate (only complete if Independent Expenditure is on behavior	alf of ONE condiduc—if more than one, Complete Section	n I. Addendum) Office Sought		Supported Opposed					
Purpose of Expenditure	Expenditure Number	Associated with Referendum?	Amou	nt					
thr codes		☐ Yes ☐ No							
Name of Creditur		1	Date Incur	ed					
Street Address	City		State	Zip Code					
to the state of th				Event#					
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No Section 1. Addendum Section 1.									
Name of Candidate (only complete if Independent Expenditure is on beh	ralf of ONE candidate—if more than one. Complete Sectio	m I Addendum) Office Sought		Supported Opposed					
Purpose of Expenditure	Expenditure Number	Associated with Referendum?	Amou	nt					
	SUBTOT.	AL Section I-This Page	48,85	0.60					
	TOTAL of ad	ditional Section I Pages	0						
TOTAL OF ALL EXPENSES INCURRED BY	Y COMMITTEE DURING THIS PE (Enter total on Line 24, Column	RIOD BUT NOT PAID A of Summary Page Totals)	48, 850	. 60					
Start Learning P	reviously reported Expenses Unpaid	l and still Outstanding	1,030,7						
TOTAL OF ALL E	XPENSES INCURRED BY COMM (Enter total on Line 20a, Column	ITTEE BUT NOT PAID A of Summary Page Totals)	1,079,5	73.02					

		1211171	1 ORGED (Sections	(. age	10 01 12
NAME OF COMMITTEE (As reported on)				Ada to		E OF REP				
Connecticut For			VCVI de sera desal de la companya de		24		w			
	ization of Reimburs	sements	to Commit	tee Work	ers and (Consul	ants		di tuan Mendad	
Last Name of Worker/Consultant		First				МІ		Date of Paym	eni to Ve	ndor
							Ì			
Name of Vendor Paid by Committee Worker/Const	ultant	L			1	Payment to	Reimburse	Committee V	Vorker/Ce	onsultant as
					1	reported in				
Chara Adday of Vanday			7		L	☐ Check	: #	·-		☐ EFT
Street Address of Vendor			City					State	Zip Cod	e
								<u> </u>		
If an Independent Expenditure, is it on behalf of	Description					· · · · · · · · · · · · · · · · · · ·		L	Event#	
more than one candidate?										
Name of Candidate (only complete if Independent Expension of Candidate (only complete if Independent Independen	addition is an habitat of ONE	- 16 16	C'l.v. F		ose e					
traine of Candidate (only complete if Independent 13 per	паните и он оенау ој Ому, саначан	e—ij more mai	i one, Complete Seatto	m J. Addendum)	Office Sough	ď				Supported
										Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	rith Referendu	m?		Amoun	t	
thy could					es 🗌 No					
				Ļ, ,,	C3 [] 140					
Last Name of Worker/Consultant		First				МІ		Date of Payme	ent to Ver	idor
Name of Vendor Paid by Committee Worker/Consu	itant			**************************************	ր	ayment to I	Reimburse	Committee W	orker/Co	nsultant as
					u	eported in S	lection G:			
	 		Y			☐ Check	#			☐ EFT
Street Address of Vendor			City					State	Zip Code	:
If an Independent Expenditure, is it on behalf of	Description								Event#	<u></u>
more than one candidate? If yes, complete Section J. Addendum										
Yes No Section J. Addendum Name of Candidate (only complete if Independent Expen	l	Server et a	C. tartur		Off as Parada					
Name of Candidate (only complete if Independent Expen	anure is on benny by ONE canoning	y more man	one. Comprese section	п Ј. Ависнаиту	Office Sought	•				Supported
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en toney				_ Y	s 🗆 No					
									22	
Last Name of Worker/Consultant		First				МІ	1	Date of Payme	nt to Ven	dor
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						eported in S Check		Deb	it Cord	□ EFT
Street Address of Vendor			C:				<u>"——</u>	State	Zip Code	
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If an Independent Expenditure, is it on behalf of	Description								Event#	
more than one candidate? If yes, complete Section J. Addendum										
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Purpose of Expenditure		Expenditur	e Number	Associated w	ith Referendur	m?		Amoun	1	
(b) code)				□ Ye	s 🗆 No	ŀ				
		st	JBTOTAL Se	ction J T	his Page					
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		TO	TAL of additi	onal Section	J Pages					
										
rotal of all reimbursem	ent to committ	EE WO	RKERS AN	D CONSUL	LIANTS					

NAME OF COMMITTES (As reported on Page 1, Line 1) TYPE OF REPORT							
Connecticut Forward 24 Hour							
K. Five Largest Contributions Disclosed in Commu	nication						
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 Nunit	Number				
Democratic Governors Association							
Address of Person Making Contribution-City 1401 K St NW Suite 200 Washing	gton	DC State	20005				
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution Benjamin Metcalf	\$.	2,450, C	unt 000-00				
Source of Contribution - Normal of Person Making Contribution American Rederation of Stak County and Municipal Emp	loyees	Expenditure Numb	net Number				
Address of Person Making Contribution - City 1625 L St NW Washing to	•	DC	20036				
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution		Aino					
Laura Reyes	8	900,0	00.00				
Source of Contribution -Name of Person Making Contribution AFT Solidarity		Expenditure Nunti Section	Nunsing				
Address of Person Making Constribution—City 555 New Jersey Are NW Washing to	لا	DC	2000				
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution LOWEHA Johnson	\$	500,00	·				
Source of Contribution—None of Person Muking Contribution Service Employees International Union COP	PE	Expenditure Numb	oci Number				
Address of Person Making Contribution—City 1800 Massachusetts Ave NW Washing		DC	2ip Code 20036				
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution Michael Fishman	\$	500,00	0.00				
Source of Contribution—Name of Person Making Contribution Team 54crs Local 1150		Expenditure Numb	Nambri Nambri				
Address of Person Minking Contribution - City 150 Garfield Ave Strafford		State	Zip Code 06479				
Source of Contribution Name of Individual who Signed Check or Authorized Contribution Calo Rocco	\$	10,000	· · ·				

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REP	ORT			
Connecticut Forward	24 Hour				
L. "Nesting Dolls" Provision for Top 5 Contributions Disclo	sed in Comm	unication	regeles a filología (p. 1994). Galles a filología (p. 1994).		
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 Numb Section	et Number		
Name of Person Making Covered Transfer to Person Reported in Section K		l <u></u>			
Address of Person Making Covered Transfer—City (if known)		State	Zip Code		
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb Section	OCI 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 Numb Section	pet 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 Numb	et 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 Numb Section	er 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 Numb Section	er Number		