



# SEEC FORM 40

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



Do Not Mark or Write Symbols on Official Use Only

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>		<b>2. ELECTION/REFERENDUM DATE</b>	
Connecticut Forward		11/04/14	
<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 Road	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			
<input type="checkbox"/> Primary <input type="checkbox"/> Election			
<b>6. PERIOD COVERED</b>			
Beginning Date		Ending Date	
7/24/14		thru 7/24/14	
<b>7. CERTIFICATION</b>			
I hereby certify and state, under penalties of false statements, 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.			
		Michael Belmont	7/25/14
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER	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

**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	0	
10. Monetary Receipts (Sections A and B)	0	0
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	0	0
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	0	0
14. Expenses Paid by Committee (Section G)	0	0
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	0	0
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)	91,255	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	91,255	

**I. RECEIPTS (Sections A—E)**

<b>NAME OF COMMITTEE (As reported on Page 1, Line 1)</b>		<b>TYPE OF REPORT</b>	
Connecticut Forward		24 Hour	
<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Individual Contributor)</i>		<b>SUBTOTAL SECTION A</b>	
		\$	
<b>B. Itemized Monetary Receipts</b>			
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 <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 <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? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<b>Amount Received</b>
Description (if applicable)		Date Received	
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 <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 <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? <i>If yes, list Event #</i> _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	<b>Amount Received</b>
Description (if applicable)		Date Received	
<b>SUBTOTAL Section B — This Page</b>		0	
<b>TOTAL of additional Section B Pages</b>		0	
<b>TOTAL OF ALL RECEIPTS (Sections A + B)</b> <i>(Enter total on Line 10, Column A of Summary Page Totals)</i>		0	

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Connecticut Forward</b>				TYPE OF REPORT <b>24 Hour</b>	
<b>C. Loans Received this Period</b>					
Name of Lender			Source of Loan: <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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City		State	Zip Code
Name of Lender			Source of Loan: <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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		City		State	Zip Code
Name of Lender					Date of Receipt
Street Address			City		State
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City		State	Zip Code
<b>SUBTOTAL Section C — This Page</b>					0
<b>TOTAL of additional Section C Pages</b>					0
<b>TOTAL OF ALL LOANS</b> <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>					0

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Connecticut Forward</b>				TYPE OF REPORT <b>24 Hour</b>	
<b>D. In-Kind Contributions</b>					
Name					
Street Address			City		State
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address			City		State
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other			Date Received		Aggregate Contributions
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			<b>Fair Market Value of this Contribution</b>
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
<b>SUBTOTAL Section D — This Page</b>					
<b>TOTAL of additional Section D Pages</b>					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 16, Column A of Summary Page Totals)</b>					
<b>E. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address			City		State
Name of Telephone Company			Zip Code		<b>Amount of Deposit</b>
Street Address			City		
<b>TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)</b>					

## 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?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

Event #	Date of Event	Letter	Description	Was this a fundraising event?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Location: Street Address	City	State	Zip Code

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Connecticut Forward				24 Hour	
<b>G. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>	Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
<b>SUBTOTAL Section G— This Page</b>					0
<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>					0

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Connecticut Forward</b>				TYPE OF REPORT <b>24 Hour</b>	
<b>H. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 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 <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 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 <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 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 <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
Name of Vendor, Person or Entity				Date of Transaction	
Street Address		City		State	Zip Code
Expense Type <input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section 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 <input type="checkbox"/> Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>		
<b>SUBTOTAL Section H — This Page</b>					0
<b>TOTAL of additional Section H Pages</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					0



### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
<b>I. Expenses Incurred by Committee but Not Paid During this Period</b>					
Name of Creditor				Date Incurred	
Normington, Petts + Associates				7/24/14	
Street Address		City		State	Zip Code
1010 Wisconsin Ave NW		Washington		DC	20007
Expense Type	<input checked="" type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>	Description		Event #
			Polling Services		
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 <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
POLLS		0001	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$41,500
Name of Creditor				Date Incurred	
New Partners Consulting, Inc.				7/24/14	
Street Address		City		State	Zip Code
1250 Eye St. NW Suite 200		Washington		DC	20005
Expense Type	<input checked="" type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>	Description		Event #
			Research Services		
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 <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
CNSLT		0002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$49,755
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
Expense Type	<input type="checkbox"/> Operational Cost <input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section I. Addendum</i>	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	
				<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SUBTOTAL Section I-This Page</b>					\$91,255
<b>TOTAL of additional Section I Pages</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>					\$91,255
<b>Previously reported Expenses Unpaid and still Outstanding</b>					0
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>					\$91,255

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT				
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: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor			City		State	Zip Code		
Expense Type <input type="checkbox"/> Operational Cost	<input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Event #				
		If yes, complete Section J. Addendum						
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 <input type="checkbox"/> Opposed		
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <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: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor			City		State	Zip Code		
Expense Type <input type="checkbox"/> Operational Cost	<input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Event #				
		If yes, complete Section J. Addendum						
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 <input type="checkbox"/> Opposed		
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <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: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor			City		State	Zip Code		
Expense Type <input type="checkbox"/> Operational Cost	<input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Event #				
		If yes, complete Section J. Addendum						
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 <input type="checkbox"/> Opposed		
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <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: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT			
Street Address of Vendor			City		State	Zip Code		
Expense Type <input type="checkbox"/> Operational Cost	<input type="checkbox"/> Independent Expenditure	If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description	Event #				
		If yes, complete Section J. Addendum						
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 <input type="checkbox"/> Opposed		
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <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>								

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

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Connecticut Forward</b>	TYPE OF REPORT <b>24 Hour</b>
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### 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 <i>Section</i> <i>Number</i>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Source of Contribution —Name of Person Making Contribution		Expenditure Number <i>Section</i> <i>Number</i>	
Address of Person Making Contribution —City		State	Zip Code
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	

See Additional Page(s)

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

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		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 <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>

See Additional Page(s)