Page 1 of 12

SEEC FORM 40



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

149006

8/22/2014 9:53PM

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE			2. ELECTION/REFERENDUM DATE
Connections	+ Forward	/	11/04/2014
3. TREASURER NAME			
Michael Michael	MI J	Belmont	Suffix
4. TREASURER ADDRESS			
Street Address 174 Wright 7	Pond Rd	Cointer bury	State Zip Code CT 06331
5. TYPE OF REPORT (Check One Box)			
☐ January 10 filing	☐ 7th day preceding primary	y 7th day preceding referendum	Initial Contribution or Disbursement
☐ April 10 filing	☐ 7th day preceding election	n ☐ 45 days following referendum	. ☐ Amendment to
□ July 10 filing	☐ 45 days following election not held in November	n	Type of Report:
☐ October 10 filing	not held in ivovember		
24 Hour Independent Expenditure O Primary Election			
6. PERIOD COVERED			
	Beginning Date	Ending Date	
3-	8/20/2014	thru 8/22/2014	_
7. CERTIFICATION			
Itemized Campaign Financ	e Disclosure Statement for s disclosed were made indep	false statement, that all of the information the period covered is true, accurate and opendent of any other individual, political committee, or agent thereof.	complete, and further that any
TREASURER OR DEPUTY TREASURE		MICHAEL BELMONT PRINT NAME OF SIGNER	8/22/2014 DATE (mm/dd/yyyy)
A person who is found		ilfully violated any provisions of the campalty or imprisonment or both.	paign finance statutes

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	TYPE OF REPORT 24 Hour	Shirt Tara Shary mid
A A A A A A A A A A A A A A A A A A A	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	6	
10. Monetary Receipts (Sections A and B)	\$1,250,000	Ö
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$ 1,250,000	1,250,000
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)	\$ 834,637.00	834,637
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$ 415,36 3.00	415,363
16. In-Kind Contributions Received (Section D)	0	0
17. Refundable Deposit to Telephone Company (Section E)	6 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	Ö	0
18d. Total Outstanding Loan Amount	0	
19. Expenses Incurred on Committee Credit Card (Section H)	0	Ö
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	28,858.50	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	149,893.50	

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut Forward	24 Hour
A. Total Contributions from Small Individual Contributors-Received this Period ONLY (See instructions for definition of Small Individual Contributor) SUBTOTAL SECTION A	s O
B. Itemized Monetary Receipts	
Democratic Governors Association	
Street Address 1401 K St NW, Snite 200 Washingt	State Zip Code DC 20005
Principal Occupation (If applicable) Name of Employer (If applicable)	able)
	Reimbursement for Shared Expense Bank Interest r from Affiliated Treasury Miscellaneous
Is this contribution associated with an event reported in Section F? If yes, list Event # Yes Method of Receipt: Cash EFT Personal	Order 1,250,000
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Is contributor a state contractor, prospective state contractor or principal to the properties of government the contract is with: Yes Is contributor a state contractor, prospective state contractor or principal to the properties of government the contract is with:	No pative
Description (if applicable) Contribution Date	\$1,250,000 6/21/2014
Name	
Street Address City	State Zip Code
Principal Occupation (if applicable) Name of Employer (if applicable)	able)
00m30 1,7pm	Reimbursement for Shared Expense
Is this contribution associated with an event reported in Section F? If yes, list Event # Yes	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of dependent child of a lobbyist? Is contributor a state contractor, prospective state contractor or principal If yes, indicate which branch or branches of government the contract is with: Executive Legisland	□ No
Description (if applicable) Date	e Received
SUBTOTAL Section B — This Pa	\$1,250,000
TOTAL of additional Section B Pag	ges \$ C
TOTAL OF ALL RECEIPTS (Sections A + (Enter total on Line 10, Column A of Summary Page Total	B) \$ 1,25,0,000

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	HISTORY CONTINUES	TO NEW YORK	TYPE OF	REPORT	
Connecticut Forward	NI WASHINGTON I DIN	The state of the s		Hour	
	C Loans Roca	ived this Period	STATE OF		10 EVS 1100 11 TH
Name of Lender	C. Doans Rece	Source of Loan:	- 11 PH - 176	VCV 1/0 1 4	Date of Receipt
		☐ Bank ☐ Individual	Comm	nittee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	Comm	ittee 🔲 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)	•				Amount Received
Street Address	City		State	Zip Code	
Name of Lender	*	Source of Loan: Bank Individual	Comm	ittee Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	Cîty		State	Zip Code	
Name of Lender	•	Source of Loan: Bank Individual	☐ Comm	ittee 🗆 Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)			15.	1.11	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	Commi	ttee	Date of Receipt
Street Address	City	-	State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
	SUBTOTA	L Section C — This Pa	ge		
	TOTAL of a	dditional Section C Pag	es		
(Enter total on	Line 11and Line 18, Col	TOTAL OF ALL LOAD	NS (Is)		

Revised July 2014		I. KECEIF	r D (D	ections A—L)					
NAME OF COMMITTEE (As reported on I			Ri yek		TYPE O			Q 80, 12	
Connecticut For	war	d			24 F	ton	r		
		D. In-Kin	d Con	tributions					
Name									
									·
Street Address				City				State	Zip Code
						T.	-		
Type of contributor:				Date Received		Aggreg	gate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com								
Is contributor a lobbyist, spouse,	If yes	outor a state contractor, prosp e, indicate which branch or branch or branch the contract is with:	ranches	ate contractor or principal Executive Legisle					larket Value Contribution
Is this contribution associated with an	☐ Yes	Description of In-Kind Contrib	bution						
event reported in Section F? If yes, list Event #	□ No								
Name								h	
Name									
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggree	gate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee					,	71 11	
		outor a state contractor, prosp	nectivo c*	ate contractor or principal	thereof?	Y	es	Foir M	larket Value
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes	, indicate which branch or br	ranches						Contribution
		remment the contract is with		☐ Executive ☐ Legisl	ative				
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contrit	bution						
Name		0.							
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggre	gate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee 🔲 Other					,		
		outor a state contractor, prosp	antiva et	ata contractor or principal	thereof?	Y	Δr.	Fair M	larket Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes	nution a state contractor, prosp , indicate which branch or branch or branch the contract is with	ranches	Executive Legisl					Contribution
Is this contribution associated with an	☐ Yes	Description of In-Kind Contril	bution						
event reported in Section F? If yes, list Event #	□ No								
	0.080		SU	BTOTAL Section D -	– This P	age			
				TAL of additional Sec		2.55			
TOTAL OF ALL IN-KIND	CONTR	URUTIONS CENTER CONT							
TOTAL OF ALL IN-KIND	della Visona		-			SHOW.	10/200		Halle of the law
	E.	Refundable Depos	direction, and	elephone Compan	ıy	UNIVERSAL PROPERTY.	A PAGE	NUMBER OF	DAY STATE
Last Name of Individual		F	irst				MI	Date Deposi	it Made
Residential Street Address		City			State	Zip Co	ode		A 4 - 6
		'							Amount of Deposit
N. CT. I. C									
Name of Telephone Company									
Street Address		City			State	Zip Co	ode		
Str. Directive Science of the Original Control of the Control of t	OTTAT O	POTION F	U_()_583		n				
residence de la	OTAL S	ECTION E (Enter total	on Line	17, Column A of Summai	y Page To	tals)			

II. EVENT ACTIVITY (Section F)

	(As reported on Page 1, Line 1)		TYPE OF REPORT	,5 1 Sec. 10	
Connecti	cut Forward		24 Hour		
	Who are the property of the state of the sta	Information			
Event # Date of Event Letter	Description			Was this a fur ☐ Yes	ndraising event?
Location: Street Address	A	City		State	Zip Code
Event # Date of Event Letter	Description	N		Was this a fui □ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description	•		Was this a fu ☐ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description	**************************************		Was this a fur ☐ Yes	ndraising event?
Location: Street Address	·.	City		State	Zip Code
Event # Date of Event Letter	Description			Was this a fur □ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description			Was this a fur □ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description			☐ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description			Was this a fu ☐ Yes	ndraising event?
Location: Street Address		City		State	Zip Code
Event # Date of Event Letter	Description			☐ Yes	ndraising event?
Location: Street Address		City		State	Zip Code

III. EXPENDITURES (Sections G-J)

NAME OF COMMITTEE (As reported on Page)	I, Line I)	100	TE TEST PER		TYPE OF	REPORT	Higgs Co. ()	Uropa "S"
Connecticut Forward				24	Hour			
G. Expenses Paid by Committee								
Name of Payee					Date of Payn	nent	Method of Pa	
Great American Media				8/22	12014	☐ Check #	ard X EFT	
Street Address	- 1		City	. 1			1	Zip Code
3050 K St NW Suite 100 Washington					7		DC	20007
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes No Section G. Addendum Description Medice buy							Event #	
Name of Candidate (only complete if Independent Expenditure	is on behalf of ONE candidate	—if more than	one, Complete Section	G. Addendum)	Office Sought			☐ Supported
Tom Fole	9				Gove	rnor		Opposed
Purpose of Expenditure		Expenditur	re Number	Associated wit	th Referendum?	4	Amoun	
A-TV		00	9	☐ Yes	No No	\$834	,637	.00
Name of Payee		*			Date of Payr	nent	Method of Pa	•
							☐ Check #	
Street Address			City				State	Zip Code
			3.					
	cription						•	Event #
more than one candidate? If yes, complete Section G. Addendum								
Name of Candidate (only complete if Independent Expenditure	is on behalf of ONE candidate	—if more than	one, Complete Section	G. Addendum)	Office Sought			
								☐ Supported ☐ Opposed
Purpose of Expenditure		Expenditu	re Number	Associated wit	th Referendum?		Amoun	t
(by code)				☐ Ye	s 🗆 No			
Name of Payee					Date of Payr	nent	Method of Pa	•
							☐ Check	
Street Address			City				State	Zip Code
If a Laborator Europediture is it on hobels of Down	oriation							Event #
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section G. Addendum	cription							DVOIN II
Name of Candidate (only complete if Independent Expenditure	is on behalf of ONE candidate	—if more than	one, Complete Section	G. Addendum)	Office Sought			
								☐ Supported ☐ Opposed
Purpose of Expenditure		Expenditu	re Number	Associated wi	th Referendum?		Amoun	t
(by code)				☐ Ye	s 🛮 No			
			SUBTOTA	L Section C	— This Page	\$8	34,6	37.00
TOTAL of additional Section G Pages				\$0				
TOTAL OF ALL EXPENSES PAID B	BY COMMITTEE	E (Enter to	tal on Line 14, Co.	lumn A of Sun	umary Page Tota	ds) \$\frac{1}{5} \times 7	34.6	37.00
		and the second		Heat His SX		70.	- 170	-,

III. EXPENDITURES (Sections G-J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		What is a second	1 8 14 S	TYPE OF	REPORT	ALC: NO.		
connecticut Forward				24	Hour			
H. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution		Type of Credit C	ard:		r □ America:	n Express	☐ Other:	
Name of Vendor, Person or Entity						Date of Trai	nsaction	
Street Address		City				State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Description ☐ Yes ☐ No Section H. Addendum							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of	f ONE candidate—if more the	an one, Complete Section	H. Addendum) Offic	e Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expendit	ure Number	Associated with Re			Amour	nt	
Name of Vendor, Person or Entity	•					Date of Trai	nsaction	
Street Address		City				State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addendum							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of	ONE candidate—if more the	nn one, Complete Section	H. Addendum) Offic	e Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expendit	ure Number	Associated with Re			Amour	ıt	
Name of Vendor, Person or Entity	'	· · · · · · · · · · · · · · · · · · ·				Date of Tran	nsaction	
Street Address		City				State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No ☐ No ☐ Description ☐ Description ☐ Section H. Addendum							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of	ONE candidate—if more tha	m one, Complete Section	H. Addendum) Offic	e Sought			☐ Supported ☐ Opposed	
Purpose of Expenditure (by code)	Expendito	are Number	Associated with Re			Amoun	it	
	S	SUBTOTAL Sec	ction H — This	Page				
	ТО	TAL of additio	nal Section H P	ages				
TOTAL OF ALL EXPENSES		COMMITTE						

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF R					REPORT					
Connecticut Forward 24 H					tour					
I. Expenses Incurred by Committee but Not Paid During this Period										
Name of Creditor Rising Tide Interactive	LLC	,				Date Incurred	12014			
Street Address	1170	City	·	- 6		State	Zip Code			
901 New York Ave NW, Suit	4101	Wash	lingto	ואו		DC	2000)			
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section I. Addendum	al 1	Advert	ising	g			Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	te—if more than	one, Complete Section	I. Addendum)	Office Sought		*	S-102 61 70			
Tom Foley				Gever	nor		Supported Opposed			
Purpose of Expenditure (by code)	Expenditure			vith Referendum?	den.	Amoun				
A-WEB	00	7	□ Y	es 💆 No	\$24	,082	. 60			
Name of Creditor	1	. 2.1				Date Incurre	1			
Democratic Governors	A5500	iation				8/22	1/2014			
Street Address	Ī	City				State	Zip Code			
1401 K St NW Suite 200		wash	ing to r	7		DC	20005			
If an Independent Expenditure, is it on behalf of more than one candidate? How complete		4			9		Event #			
more than one candidate? ☐ Yes ☐ No Section I. Addendum Staff	SCTVI	123								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	te—if more than	one, Complete Section	I. Addendum)	Office Sought			Supported			
Dannel Malloy				Gover	mor Dpposed					
Purpose of Expenditure	Expenditure	e Number	Associated w	vith Referendum?		Amour	it			
CNSLT	00	8	ΠY	es 🗆 No	\$4,7	75.	90			
Name of Creditor						Date Incurre	ed .			
Street Address		City				State	Zip Code			
If an Independent Expenditure, is it on behalf of more than one candidate? Description Description	-						Event #			
Yes No Section I. Addendum						-				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	te—if more than	one, Complete Section	I. Addendum)	Office Sought			Supported			
	,						Opposed			
Purpose of Expenditure (by code)	Expenditure	Number .	Associated v	vith Referendum?		Amour	nt			
			ΒY	es 🗆 No						
SUBTOTAL Section I-This Page					\$ 28	, 858	6,50			
TOTAL of additional Section I Pages					\$	0				
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID (Enter total on Line 20, Column A of Summary Page Totals)					\$ 28	, 858	.50			
Previously rep	ported Exp	enses Unpaid	and still O	utstanding			5.00			
TOTAL OF ALL EXPENSES II	NCURREI r total on Lii	BY COMMI	TTEE BU	T NOT PAID ory Page Totals)	\$149					

Revised July 2014	III. EAI E	MIDI.	I UKES (S	ections (<u>u—u)</u>				1 4 5 0 10 01 12
NAME OF COMMITTEE (As reported on Page 1, Line 1)					TYP	E OF	REPORT	THE STREET,	Standing.
Connecticut For	ward				2	41	Hour		
	zation of Reimburse	ements	to Committ	ee Worke	ers and	Con	sultants		ZOIS TO ME
Last Name of Worker/Consultant		First				_		Date of Payme	ent to Vendor
Name of Vendor Paid by Committee Worker/Consultant Payment to Reimburse Committee Worker/Consultant reported in Section G:								orker/Consultant as	
						•	heck #		it Card
Street Address of Vendor City State								State	Zip Code
3.1.3.7.7.1.			,						
If an Independent Expenditure, is it on behalf of	Description								Event #
more than one candidate? If yes, complete Section J. Addendum									
Name of Candidate (only complete if Independent Expen	ditura is an huhalf of ONE condidate.	if more than	Laue Complete Section	J. Addendum)	Office Soug	ht			
Hante of Canadate (only complete if macpendent inspen	unite is on beauty of orthe cumumate	y	. une, comprese account	,	011111	,,			Supported
									Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Reference	lum?		Amoun	t
(b)=code)					es 🗆 No				
Last Name of Worker/Consultant		First					MI	Date of Payme	ent to Vendor
Name of Vendor Paid by Committee Worker/Consul	Itant					Paymo	ent to Reimburse	Committee V	/orker/Consultant as
Traine of vendor raid by Committee Worker/Consu	, talls					report	ed in Section G:		
							Check #		it Card EFT
Street Address of Vendor			City					State	Zip Code
If an Independent Expenditure, is it on behalf of	Description								Event #
more than one candidate? If yes, complete	Description								
☐ Yes ☐ No Section J. Addendum									
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate-	if more than	one, Complete Section	J. Addendum)	Office Sou	ght			☐ Supported
									Opposed
			N. 1	Associated w	ith Deferen	dum's		Amoun	
Purpose of Expenditure		Expenditu	re Number			Juii!		Amoun	
				□ Y	es 🗌 No				
Last Name of Worker/Consultant		First					мі	Date of Payme	ent to Vendor
Last Hame of Worker Consumm		1							
Name of Vendor Paid by Committee Worker/Consu	ltant						ent to Reimburs ted in Section G		Vorker/Consultant as
							Check #		bit Card 🔲 EFT
Street Address of Vendor			City					State	Zip Code
Street / KKII 655 OT V CKIGS									
If an Independent Expenditure, is it on behalf of	Description								Event #
more than one candidate? If yes, complete Section J. Addendum									
Yes No Section J. Addendum	aditure is an hehalf of ONE condidate	_if more tha	n oue Complete Section	n J. Addendum)	Office Sou	eht .			
Name of Candidate (only complete if maependent Exper	unitre is (in beniu) of ONL conditions	- ij more ini	n one, complete section			0			Supported
									☐ Opposed
Purpose of Expenditure		Expenditu	re Number	Associated v	with Referen	dum?		Amou	nt
(ley code)									
				1 ,	20				
		S	UBTOTAL Se	ection J —	This Page				
		T)	TAL SECTION	onal Scatic	n I Dogo				
		10	OTAL of additi	onai secilo	n o rage				
TOTAL OF ALL REIMBURSEM	ENT TO COMMITT	EE WO	ORKERS AN	D CONSU	ILTANI	S			

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

Page 11 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPO	ORT	ENSH! The Sale						
Connectiont Forward 24 Hour									
K. Five Largest Contributions Disclosed in Communication									
If the independent expenditure reported in this form was for a communication made or date that is ninety days immediately prior to the applicable primary or election, please contributions in excess of \$5,000 received during the twelve month period prior to the	report the fi applicable p	ve largest ag orimary or ele	gregate ection.						
Source of Contribution—Name of Person Making Contribution		Expenditure Numb	per						
Democratic Governors Association		Section	Number 9						
Source of Contribution—Name of Person Making Contribution Democratic Governors Association Address of Person Making Contribution—City 1401 K St NW, Swife 200 Washing Source of Contribution—Name of Individual who Signed Check or Authorized Contribution Benjamin Metcalf Source of Contribution—Name of Person Making Contribution	fon	DC State	Zip Code ZCOOS						
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	4)	Amo	unt						
Benjamin Metcalf	\$1	,250,	000.00						
Source of Contribution —Name of Person Making Contribution		Expenditure Numb							
×		Section	Number						
Address of Person Making Contribution —City		State	Zip Code						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		A							
Source of Contribution — Asine of Individual who signed effects of Anthonized Contribution		Amo	unt						
Source of Contribution —Name of Person Making Contribution		Expenditure Numb	oer Number						
Address of Person Making Contribution —City		State	Zip Code						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	unt						
Source of Contribution —Name of Person Making Contribution		Expenditure Numb Section	oer Number						
Address of Person Making Contribution —City		State	Zip Code						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	unt						
Source of Contribution —Name of Person Making Contribution	2.11	Expenditure Numb Section	ser Number						
Address of Person Making Contribution —City		State	Zip Code						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	unt						

☐ See Additional Page(s)

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPO							
Connecticut Forward	24 Ho	tour						
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication								
Name of Person Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer—City (if known)		State	Zip Code					
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb Section	oet 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	ocr Number					
Name of Person Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer—City (if known)		State	Zip Code					
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number Section Number						
Name of Person Making Covered Transfer to Person Reported in Section K								
Address of Person Making Covered Transfer—City (if known)		State	Zip Code					
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb Section	oer 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	oer 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					