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SEEC FORM 40

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

COVER PAGE

1. NAME OF COMMITTEE	2. ELECTION/REFERENDUM DATE
Grow Connecticut, Inc.	November 4, 2014

3. TREASURER NAME

First	MI	Last	Suffix
Elizabeth	S	Kurantowicz	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
21 Marne Avenue	Fairfield	CT	06825

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

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

6. PERIOD COVERED

Beginning Date		Ending Date
09/05/2014	thru	09/05/2014

7. CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the information set forth on this **Itemized Campaign Finance Disclosure Statement** for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.

TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE (mm/dd/yyyy)
	Elizabeth S. Kurantowicz	09/05/14

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
Grow Connecticut, Inc.	24 Hour Report

	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	$14,757.41	
10. Monetary Receipts (Sections A and B)	$800,000.00	$1,603,125.00
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	$800,000.00	$1,603,125.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	$814,757.41	$1,603,125.00
14. Expenses Paid by Committee (Section G)	$310,447.00	$1,098,814.59
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	$504,310.41	$504,310.41
16. In-Kind Contributions Received (Section D)	0	0
17. Refundable Deposit to Telephone Company (Section E)	0	0
18. Beginning Loan Balance	0	
18a. + Loans Received (Section C)	0	0
18b. + Interest and Penalties on Loan	0	0
18c. - Payments on Loan	0	0
18d. Total Outstanding Loan Amount	0	
19. Expenses Incurred on Committee Credit Card (Section H)	0	0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	0	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	0	

I. RECEIPTS (Sections A—E)

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

B. Itemized Monetary Receipts

Name: Republican Governors Association

Street Address: 1747 Pennsylvania Avenue NW, Suite 250 | City: Washington | State: DC | Zip Code: 20006

Principal Occupation *(if applicable)*: N/A | Name of Employer *(if applicable)*: N/A

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

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

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

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

Aggregate Contributions: $1,518,125.00

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

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

Amount Received: $800,000.00

Description *(if applicable)*: Contribution | Date Received: 09/05/2014

Name:

Street Address | City | State | Zip Code

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

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

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

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

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

Aggregate Contributions:

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

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

Amount Received:

Description *(if applicable)* | Date Received

SUBTOTAL Section B — This Page	$800,000.00
TOTAL of additional Section B Pages	0
TOTAL OF ALL RECEIPTS (Sections A + B) *(Enter total on Line 1b, Column A of Summary Page Totals)*	$800,000.00

SEEC FORM 30
Revised July 2014

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

C. Loans Received this Period

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

SUBTOTAL Section C — This Page	0
TOTAL of additional Section C Pages	0
TOTAL OF ALL LOANS *(Enter total on Line 11and Line 18, Column A of Summary Page Totals)*	0

SEEC FORM 40
Revised July 2014

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

D. In-Kind Contributions

Name

Street Address | City | State | Zip Code

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

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

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

Fair Market Value of this Contribution

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

Description of In-Kind Contribution

Name

Street Address | City | State | Zip Code

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

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

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

Fair Market Value of this Contribution

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

Description of In-Kind Contribution

Name

Street Address | City | State | Zip Code

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

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

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

Fair Market Value of this Contribution

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

Description of In-Kind Contribution

SUBTOTAL Section D — This Page	0
TOTAL of additional Section D Pages	0
TOTAL OF ALL IN-KIND CONTRIBUTIONS *(Enter total on Line 16, Column A of Summary Page Totals)*	0

E. Refundable Deposit to Telephone Company

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

Residential Street Address | City | State | Zip Code

Amount of Deposit

Name of Telephone Company

Street Address | City | State | Zip Code

TOTAL SECTION E *(Enter total on Line 17, Column A of Summary Page Totals)*	0

SEEC FORM 40

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

F. Event Information

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

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

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

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

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

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

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

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

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

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1 Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

G. Expenses Paid by Committee

Name of Payee	Date of Payment	Method of Payment:
Target Enterprises, LLC	09/05/2014	☐ Check #_____ ☐ Debit Card X EFT

Street Address	City	State	Zip Code
15260 Ventura Blvd., Suite 1240	Sherman Oaks	CA	91403

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section G. Addendum)	Description	Event #
☐ Yes X No	Television Advertising	N/A

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

Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-TV	0006	☐ Yes X No	$218,125.00

Name of Payee	Date of Payment	Method of Payment:
Target Enterprises, LLC	09/05/2014	☐ Check #_____ ☐ Debit Card X EFT

Street Address	City	State	Zip Code
15260 Ventura Blvd., Suite 1240	Sherman Oaks	CA	91403

If an Independent Expenditure, is it on behalf of more than one candidate? (If yes, complete Section G. Addendum)	Description	Event #
☐ Yes X No	Radio Advertising	N/A

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

Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-RAD	0007	☐ Yes X No	$92,322.00

Name of Payee	Date of Payment	Method of Payment:
		☐ Check #_____ ☐ Debit Card ☐ EFT

Street Address	City	State	Zip Code

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

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 (by code)	Expenditure Number	Associated with Referendum?	Amount
		☐ Yes ☐ No	

SUBTOTAL Section G— This Page	$310,447.00
TOTAL of additional Section G Pages	0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 1d, Column A of Summary Page Totals)	$310,447.00

SEEC FORM 20
Revised July 2014

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

H. Expenses Incurred on Committee Credit Card

Name of Issuing Institution

Type of Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Other:

Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section H. Addendum*	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section H. Addendum*	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

Name of Vendor, Person or Entity			Date of Transaction
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section H. Addendum*	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	**Amount**

SUBTOTAL Section H — This Page	0
TOTAL of additional Section H Pages	0
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD *(Enter total on Line 19, Column A of Summary Page Totals)*	0

SEEC FORM 40
Revised July 2013

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

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

Name of Creditor			Date Incurred
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount

Name of Creditor			Date Incurred
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount

Name of Creditor			Date Incurred
Street Address	City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? *If yes, complete Section I. Addendum* ☐ Yes ☐ No	Description		Event #
Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum)*	Office Sought		☐ Supported ☐ Opposed
Purpose of Expenditure *(by code)*	Expenditure Number	Associated with Referendum? ☐ Yes ☐ No	Amount

SUBTOTAL Section I-This Page	0
TOTAL of additional Section I Pages	0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID *(Enter total on Line 30, Column A of Summary Page Totals)*	0
Previously reported Expenses Unpaid and still Outstanding	0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID *(Enter total on Line 28a, Column A of Summary Page Totals)*	0

SEEC FORM 4B
Revised July 2014

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

J. Itemization of Reimbursements to Committee Workers and Consultants

Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT

Street Address of Vendor | City | State | Zip Code

If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum* | Description | Event #

Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number | Associated with Referendum? ☐ Yes ☐ No | Amount

Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT

Street Address of Vendor | City | State | Zip Code

If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum* | Description | Event #

Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number | Associated with Referendum? ☐ Yes ☐ No | Amount

Last Name of Worker/Consultant | First | MI | Date of Payment to Vendor

Name of Vendor Paid by Committee Worker/Consultant | Payment to Reimburse Committee Worker/Consultant as reported in Section G: ☐ Check #______ ☐ Debit Card ☐ EFT

Street Address of Vendor | City | State | Zip Code

If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No *If yes, complete Section J. Addendum* | Description | Event #

Name of Candidate *(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)* | Office Sought | ☐ Supported ☐ Opposed

Purpose of Expenditure *(by code)* | Expenditure Number | Associated with Referendum? ☐ Yes ☐ No | Amount

SUBTOTAL Section J — This Page	0
TOTAL of additional Section J Pages	0
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS	0

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

K. Five Largest Contributions Disclosed in Communication

If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of $5,000 received during the twelve month period prior to the applicable primary or election.

Source of Contribution---Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number
Republican Governors Association	G	0001/0002/0003/0004/0005/0006/0007

Address of Person Making Contribution---City	State	Zip Code
Washington	DC	20006

Source of Contribution---Name of Individual who Signed Check or Authorized Contribution	Amount
Mike Adams	$1,518,125.00

Source of Contribution ---Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number
Craig R. Stapleton	G	0001

Address of Person Making Contribution ---City	State	Zip Code
Greenwich	CT	06836

Source of Contribution ---Name of Individual who Signed Check or Authorized Contribution	Amount
Craig R. Stapleton	$25,000.00

Source of Contribution ---Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number
Citizens for a Sound Government	G	0002

Address of Person Making Contribution ---City	State	Zip Code
Lakewood	CO	80226

Source of Contribution ---Name of Individual who Signed Check or Authorized Contribution	Amount
Alan Philp	$60,000.00

Source of Contribution ---Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number

Address of Person Making Contribution ---City	State	Zip Code

Source of Contribution ---Name of Individual who Signed Check or Authorized Contribution	Amount

Source of Contribution ---Name of Person Making Contribution	Expenditure Number: Section	Expenditure Number: Number

Address of Person Making Contribution ---City	State	Zip Code

Source of Contribution ---Name of Individual who Signed Check or Authorized Contribution	Amount

☐ See Additional Page(s)

SEEC FORM 40
Revised July 2014

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE *(As reported on Page 1, Line 1)*	TYPE OF REPORT
Grow Connecticut, Inc.	24 Hour Report

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

Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*
Name of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City *(if known)*	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number *Section*	*Number*

☐ See Additional Page(s)