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

149014

9/5/2014 9:20 PM

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE	kuluKeuKing			fusing the property of the	2. ELECTION/RE	FERENDUM DATE
Connection	t Forr	vard	(11/04	12014
3. TREASURER NAME						
First Michael	1	J T	Last Be	lmont		Suffix
4. TREASURER ADDRESS					TEXT OF SMESSI	
Street Address 174 Wright	Pond Rd	City	Cant	erbury	State	2ip Code 06331
5. TYPE OF REPORT (Check One Box)						
☐ January 10 filing	☐ 7th day precedi			y preceding referendum	☐ Initial Contribu	tion or Disbursement
☐ April 10 filing	☐ 7th day preceding election ☐ 45 days following referendum				☐ Amendment to	
☐ July 10 filing	☐ 45 days following election ☐ Termination not held in November				Type of Report:	
☐ October 10 filing					::	
24 Hour Independent Expenditur O Primary Election	re					
6. PERIOD COVERED		ENT A TOP				
	Beginning Date	;		Ending Date		
	8/29/2	014	thru _	9/5/2014		
7. CERTIFICATION					THE RESERVE TO THE RE	
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 TREASUR	RER (SIGNATURE)		T NAME OF	SIGNER SIGNER	<u> </u>	9/5/2014 DATE (mm/dd/yyyy)
A person who is fo				any provisions of the car	mpaign finance sta	tutes

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
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	244,457.21	
10. Monetary Receipts (Sections A and B)	1,150,000.00	2,400,000
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	1,150,000	2,400,000
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	1,394,457.21	2,400,000
14. Expenses Paid by Committee (Section G)	<i>O</i>	1,005,542.79
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	1394,457.21	1,394,457.21
16. In-Kind Contributions Received (Section D)	O	0
17. Refundable Deposit to Telephone Company (Section E)	0	0
18. Beginning Loan Balance	0 4	
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)	32,700.33	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	112,200 33	

NAME OF COMMITTEE (As reported on Page 1, Line 1)	Section May by Section 18	A BUSINESS	TYPE OF REPORT	
Connecticut Forn	lard	A LINE WAY	24 Hour	
A. Total Contributions from Small Individual		riod ONLY	27 110121	
(See instructions for definition of Small Individual C			\$ 0	
	B. Itemized Monetary Re	ceipts		
American Federation o	f State County	and M	lunicipal	Employees
Street Address 1625 L St NW	City	hing to	n	State Zip Code DC ZCO36
Principal Occupation (if applicable)	Name o	Employer (if applicat	ble)	
Source Type:	· '		Reimbursement for Sha from Affiliated Treasury	red Expense
event reported in Section F?	nod of Receipt:	_	000	tributions
or dependent child of a lobbyist? No If yes, indica	state contractor, prospective state contra ate which branch or branches at the contract is with:	ctor or principal th	🔀 No	Amount Received
Description (if applicable) Contribution			Received 14/2014	\$900,000
Name AFT Solidarity				•
Street Address 555 New Jersey	Ave NW Was	hingto	\sim	State Zip Code 20001
Principal Occupation (if applicable)	Name o	f Employer (if applica	ible)	
Source Type: Individual/Sole Proprietorship Committee	M		Reimbursement for Shartfrom Affiliated Treasury	red Expense Bank Interest Miscellaneous
event reported in Section F?	nod of Receipt: Credit/Debit Card Payroll Deduct		751	tributions 0,060.00
or dependent child of a lobbyist? No If yes, indicate	state contractor, prospective state contracte which branch or branches nt the contract is with:	etor or principal t	🖊 No	Amount Received
Description (if applicable) Contribution			Received 9/5/2014	250,000
	SUBTOTAL Section	B — This Pa	ge 1, 15	0,000.06
	TOTAL of additional s	Section B Page	es	0
(E	TOTAL OF ALL RECEIPTS inter total on Line 10, Column A of Su			0,000.00

NAME OF COMMITTEE (As reported on Page 1, Line 1)	Child No.	medical plants of the	TYPE OF		E THE TOTAL
Connecticut Forward			24	Hour	
C	. Loans Receiv	ed this Period	STATE OF	Company of the	
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	
Name of Lender		Source of Loan: Bank Individual	☐ Commi	ttee	Date of Receipt
Street Address	City	<u> </u>	State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)				L	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?
Name of Cosigner/Guarantor (if applicable)	Amount Received				
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	☐ Commi	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)	<u> </u>				Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan: Bank Individual	Commi	ttee 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	
)				
(Enter total on Line	11and Line 18, Coli	TOTAL OF ALL LOA		C	

NAME OF COMMITTEE (As reported on P	age 1, Line	D. C.			TYPE OF	REPO	RT	100	THE BUNNERS	
Connecticut					24	+1	our			
		D. In-Kir	nd Con	tributions		200				
Name										
Street Address				City				State	Zip Code	
Type of contributor:				Date Received		Aggreg	ate Contribu	itions		
☐ Individual / Sole Proprietorship	☐ Com		i i							
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? ☐ Yes No	If yes,	ator a state contractor, pros indicate which branch or b ernment the contract is with	branch or branches No of th					Fair Market Value of this Contribution		
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contr	ibution							
Name										
Street Address				City				State	Zip Code	
Type of contributor:				Date Received		Aggre	gate Contrib	utions		
☐ Individual / Sole Proprietorship	☐ Com	mittee								
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes.	utor a state contractor, pros , indicate which branch or l ernment the contract is wit	branches	ate contractor or principal Executive Legisl		□ Y			Iarket Value Contribution	
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contr								
Name										
Street Address				City				State	Zip Code	
Type of contributor:				Date Received		Aggre	gate Contrib	outions		
☐ Individual / Sole Proprietorship	☐ Com	mittee								
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes	utor a state contractor, pros , indicate which branch or ernment the contract is wit	branches	ate contractor or principal Executive Legisl		Y			Market Value Contribution	
Is this contribution associated with an event reported in Section F? If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Cont	ribution							
Jy yes, inst Dvoit in	\$18 X		SI	JBTOTAL Section D	— This Pa	age	1			
	591		т	TAL of additional Se	ction D P	ages				
TOTAL OF ALL IN-KIND	CONTR	IBUTIONS (Enter total	al on Line	· 16, Column A of Summa	ury Page To	tals)				
	E.	Refundable Depo	sit to T	Telephone Compar	ny					
Last Name of Individual			First				MI	Date Depo	sit Made	
Residential Street Address		City			State	Zip C	ode		Amount of Deposit	
Name of Telephone Company					1	1				
Street Address		City			State	Zip C	ode	_		
		100								
T	OTAL S	SECTION E (Enter total	al on Line	17, Column A of Summa	ury Page To	tals)				

II. EVENT ACTIVITY (Section F)

				TYPE OF REPORT			
Connecticu	t Forward		24 Hour				
		nformation					
Event # Date of Event Letter	Description		\	Was this a fund ☐ Yes	draising event? □ No		
Location: Street Address		City	·	State	Zip Code		
Event # Date of Event Letter	Description			Was this a fun	draising event? □ No		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description	1	7	Was this a fun □ Yes	draising event? □ No		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description			Was this a fun □ Yes	draising event?		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description			Was this a fun □ Yes	draising event? □ No		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description		,	Was this a fun □ Yes	draising event? □ No		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description			☐ Yes	draising event?		
Location: Street Address		City		State	Zip Code		
Event # Date of Event Letter	Description		,	Was this a fun □ Yes	draising 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		

III. EXPENDITURES (Sections G—J)

			M DVSD EL		102	manner on	BERGER	2 Day Day	210	S. S	
NAME OF COMMITTEE (As reported on P			Children Assis		NºS.	TYPE OF REPORT 24 Hour				=11X,00=10	
Connecticut Form	vard					24 1	your		_		
	G. E	xpenses	Paid by Cor	nmittee				Marie I	17		
Name of Payee						Date of Payn	nent	☐ Check	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? ☐ Yes ☐ No Section G. Addendum	Description								Eve	nt#	
Name of Candidate (only complete if Independent Expend	ditum is on habalf of ONE candidate	i i more then	ana Camplatu Saction	G Addundum)	Office	Sought			Н		
Name of Candidate (only complete y independent expend	mare is on benut of ONE canadide	—y more mim	one, Complete Section	O. Attaenann)	Office	Jought				Supported Opposed	
Purpose of Expenditure (by code)	Expenditure Number Associated with Referendum? Ar			Amoui	at						
Name of Payee						Date of Payr	ment	Method of P	#	nt:	
Street Address			City		State			State	Zip	Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete						Event #					
Yes No Section G. Addendum	1 San				0.00	7 1.		_	١		
Name of Candidate (only complete if Independent Expendent	uture is on behalf of ONE candidate	-y more man	one, Complete Section	G. Addenaum)	Office	Sought				Supported Opposed	
Purpose of Expenditure (by code)		Expenditur	e Number	Associated v	vith Re			Amou	nt		
Name of Payee					Date of Payment			Method of Payment: Check # Debit Card			
Street Address			City					State	Zip	Code	
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section G. Addendum	Description								Eve	nt #	
Name of Candidate (only complete if Independent Expendent	diture 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? Amo			Amou	nt			
			SUBTOTA	L Section	G—'	This Page	1				
			TOTAL of ac	lditional S	ection	G Pages	310				
TOTAL OF ALL EXPENSES PAI	D BY COMMITTE	E (Enter to	tal on Line 14, Co	lumn A of Si	ınımar	y Page Tota	uls)				

III. EXPENDITURES (Sections G-J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT						N. C. C.	MAID.	10.11/2		
Connecticut For	nard				24	Hour				
H. Expenses Incurred on Committee Credit Card										
Name of Issuing Institution	The state of the s		Type of Credit C	THE RESERVE OF THE PARTY OF THE						
and of the state o				Master Card	l 🔲 Discover	r □ America	n Express [□ Oth	ner:	
Name of Vendor, Person or Entity							Date of Tran	Date of Transaction		
Street Address			City				State	Zip C	ode	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section H. Addendum						-	Event	t #		
Name of Candidate (only complete if Independent Expend	litura is an hehalf of ONE candidate	_if more tha	n any Complete Section	H Addendum)	Office Sought			Т		
Name of Candidate (only complete ly traependent Expend	uture is an benny of ONE canadate	—y more ina	n one, Complete Section	II. Amendany	Office dought				Supported Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amoun	t		
(by coxle)				☐ Ye	es 🗌 No					
Name of Vendor, Person or Entity							Date of Tran	saction	n	
								r		
Street Address			City				State	Zip C	lode	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description							Event #		
Yes No Section H. Addendum	,				,			L_		
Name of Candidate (only complete if Independent Expendent	liture is on behalf of ONE candidate	:—if more tha	n one, Complete Section	H. Addendum)	Office Sought				☐ Supported ☐ Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amoun	ıt		
(by code)		•		□ Y€	es 🗆 No					
Name of Vendor, Person or Entity					-		Date of Tran	sactio	n	
Street Address			City				State	Zip C	Code	
If an Independent Expenditure, is it on behalf of more than one candidate?	Description						115	Even	1#	
The section H. Addendum The section H. Addendum The section H. Addendum										
Name of Candidate (only complete if Independent Expend	diture is on behalf of ONE candidate	:—if more tha	n one, Complete Section	H. Addendum)	Office Sought					
						¥-			Supported Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amour	ıt		
(by code)				□ Ye	es 🗆 No					
			SUBTOTAL Se	ction H —	This Page		0			
		то	TAL of additio	nal Section	H Pages		0			
TOTAL OF ALL F	EXPENSES INCURE	RED ON	COMMITTI	EE CRED	IT CARD		0			
	(Enter t	otal on Li	ne 19, Column A	of Summary	Page Totals)					

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF	REPORT	100 M ST			
Connecticut Forward				24	Hour	*)			
I. Expenses Incurred by Committee but Not Paid During this Period									
Name of Creditor NIEW Partners Consulti	ng, li	10				Date Incurred	12014		
Street Address	2	City	w /	,		State	Zip Code		
1250 Eye St NW, Snite	200	Wash	ingto	<i>'</i>		DC	20005		
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No No No No No No No N	search	Servi	us				Event #		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca	ndidateif more than	ı one, Complete Section	I. Addendum)	Office Sought			☐ Supported		
Tom Foley				Govern	10r		Opposed		
Purpose of Expenditure (thy code) CNSLT Expenditure Number OO14 Associated with Referendum?					4,	Amoun 280.			
Name of Creditor Shorr Johnson Mag	ins	Strate	gic ,	Media	_	Date Incurre	12014		
Street Address 100 N 20th St Suite	201	City	delp	hia		State PA	Zip Code 19103		
more than one candidate? If yes, complete Media Production Costs							Event #		
Yes No Section 1. Addendum Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca	ndidate—if more than	ı one, Complete Section	1. Addendum)	Office Sought					
Tom Foley				Gover	nor		Supported		
Purpose of Expenditure Expenditure Number Associated with Referendum? A							t		
A-TV	00	15	ΠY	es 🔽 No	28,	420.	33		
Name of Creditor						Date Incurre	d		
Street Address		City				State	Zip Code		
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section I. Addendum						•	Event #		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE ca	ndidate—if more than	n one, Complete Section	I. Addendum)	Office Sought			Supported Opposed		
Purpose of Expenditure thy code)	Expenditu	re Number		vith Referendum?		Amoun	t		
		SUBTOTA	L Section 1	I-This Page	32,	700	. <i>3</i> 3		
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)					32,700.33				
Previously	reported Ex	penses Unpaid	and still O	utstanding	79,500.00				
TOTAL OF ALL EXPENSE		D BY COMMI ine 20a, Column .			112,	200	.33		

Revised July 2014	1111 22 22 3	GIVIDI	TOTOLO (C	occions .	u 				
NAME OF COMMITTEE (As reported on Pa		Prox 12	B497 3335 F			F REPORT	NO DE LA		
Connecticut For	ward				24	Hour			
J. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant		First				MI	Date of Payme	nt to Vendor	
Name of Vendor Paid by Committee Worker/Consult	tont				Pay	ment to Reimbur	se Committee W	orker/Consultant as	
reported in Section G:									
						Check #	Deb	it Card	
Street Address of Vendor			City				State	Zip Code	
If an Independent Expenditure, is it on behalf of	Description						1	Event #	
more than one candidate? If yes, complete	2 vol. p. rou								
☐ Yes ☐ No Section J. Addendum									
Name of Candidate (only complete if Independent Expend	liture is on behalf of ONE candidate	e—if more than	1 one, Complete Section	J. Addendum)	Office Sought			☐ Supported	
								☐ Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum	7	Amoun	t	
(b) code)		Expenditi	io ivamboi					-	
				L Y	es 🗌 No				
Last Name of Worker/Consultant		First				MI	Date of Payme	ent to Vendor	
Name of Vendor Paid by Committee Worker/Consult	tant				Pay	ment to Reimbur	se Committee W	/orker/Consultant as	
trame of vendor raid by Committee worker/Consum	latit				rep	orted in Section C	i:		
] Check #	Deb		
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									
☐ Yes ☐ No Section J. Addendum									
Name of Candidate (only complete if Independent Expend	liture is on behalf of ONE candidate	if more than	n one, Complete Section	ı J. Addendum)	Office Sought			☐ Supported	
								☐ Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	vith Referendum	?	Amoun	t	
(by code)	¥			Ιпγ	es 🗆 No				
				<u>.</u>					
Last Name of Worker/Consultant		First				MI	Date of Payme	ent to Vendor	
Name of Vendor Paid by Committee Worker/Consul	tant				Pa	yment to Reimbu	rse Committee V	Vorker/Consultant as	
,						orted in Section		oit Card	
] Check #		Zip Code	
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									
☐ Yes ☐ No Section J. Addendum					0.55 - 5			<u> </u>	
Name of Candidate (only complete if Independent Expend	diture is on behalf of ONE candidate	e—if more tha	n one, Complete Section	n J. Addendum)	Office Sought			☐ Supported	
								Opposed	
Purpose of Expenditure		Expenditu	ire Number	Associated v	with Referendum	1?	Amoui	ıt	
(hy code)					es □ No				
		S	UBTOTAL Se	ection J — 1	This Page				
TOTAL of additional Section J Pages									
TOTAL OF ALL REIMBURSEM	ENT TO COMMIT	TEE WO	ORKERS AN	D CONSU	LTANTS				

NAME OF COMMITTEE (As reported on Page 1, Line 1)	YPE OF REP	OF REPORT						
Connecticut Forward	24 Hc	ner	-					
K. Five Largest Contributions Disclosed in Communication	cation							
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 Numb	er Number G					
Democratic Governors Association		G	_/					
Address of Person Making Contribution—City 1401 K St NN, Suite 200 Washington			20005					
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	ch	Amou	unt					
Benjamin Metcalf	D	1,250,	000					
Source of Contribution —Name of Person Making Contribution	1	Expenditure Numb						
American Federation of State County and Municipal	al es	G	Number 9					
Address of Person Making Contribution —City		State	Zip Code					
1625 L St NW Washington		DC	20036					
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo						
Laura Reyes	39	700,000.00						
Source of Contribution —Name of Person Making Contribution AFT Solidarity		Expenditure Numb	Number 9					
Address of Person Making Contribution —City		State	Zip Code					
555 New Jersey Ave NW Washing to	רכו	DC	20001					
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution Lore Ha John Son	\$2	Amo						
Source of Contribution —Name of Person Making Contribution		Expenditure Numb Section	er Number					
9								
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	oer Number					
©								
Address of Person Making Contribution —City	2	State	Zip Code					
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution Amount								
Source of Contribution — Maine of Individual with Signed Circos of Authorized Contribution		AIIIU						

☐ See Additional Page(s)

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

Page 12 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REI	PORT	
Connection to Forward		Hour	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclose	d in Comm	unication	
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 Num Section	ber Number
		зесноя	, Homber
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 Num	ber ! Number
		Section	i 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 Numi		
		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	Per Number
		Section	Trumoer
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered TransferCity (If known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Numb	er Number
		bechon	Tiamber
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	er Number
		Section	amver

☐ See Additional Page(s)