



# 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

Page 1 of 12

Do Not Mark in This Space For Official Use Only

## COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Connecticut Forward		11/04/2014	
3. TREASURER NAME			
First	MI	Last	Suffix
Michael	J	Belmont	
4. TREASURER ADDRESS			
Street Address		City	State Zip Code
174 Wright Pond Rd		Canterbury	CT 06331
5. TYPE OF REPORT (Check One Box)			
<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="radio"/> Primary <input checked="" type="radio"/> Election			
6. PERIOD COVERED			
Beginning Date		Ending Date	
8/29/2014		9/5/2014	
thru			
7. CERTIFICATION			
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> 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)		DATE (mm/dd/yyyy)	
		9/5/2014	
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	
	COLUMN A This Period	COLUMN B Aggregate
Connecticut Forward	24 Hour	
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	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)	0	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)	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)	32,700.33	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	112,200.33	

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b> (See instructions for definition of Small Individual Contributor)				<b>SUBTOTAL SECTION A</b>	
				\$ 0	
<b>B. Itemized Monetary Receipts</b>					
Name American Federation of State County and Municipal Employees					
Street Address 1625 L St NW		City Washington		State DC	Zip Code 20036
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input checked="" 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? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Contributions 900,000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received \$900,000	
Description (if applicable) Contribution		Date Received 9/4/2014			
Name AFT Solidarity					
Street Address 555 New Jersey Ave NW		City Washington		State DC	Zip Code 20001
Principal Occupation (if applicable)			Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization			Type of Receipt: <input checked="" 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? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" 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 250,000.00	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received 250,000	
Description (if applicable) Contribution		Date Received 9/5/2014			
<b>SUBTOTAL Section B — This Page</b>				1,150,000.00	
<b>TOTAL of additional Section B Pages</b>				0	
<b>TOTAL OF ALL RECEIPTS (Sections A + B)</b> (Enter total on Line 10, Column A of Summary Page Totals)				1,150,000.00	

# I. RECEIPTS (Sections A—E)

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



# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
<b>D. In-Kind Contributions</b>					
Name					
Street Address			City		State    Zip Code
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    Zip Code
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    Zip Code
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    Zip Code
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    Zip Code
Name of Telephone Company					<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) <i>Connecticut Forward</i>		TYPE OF REPORT <i>24 Hour</i>	
<b>F. Event Information</b>			
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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
<b>Event #</b>	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 (As reported on Page 1, Line 1)				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
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
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
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
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
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
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
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 (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <small>(by code)</small>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
<b>SUBTOTAL Section G— This Page</b>					
<b>TOTAL of additional Section G Pages</b>					
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE</b> (Enter total on Line I4, Column A of Summary Page Totals)					

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
<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
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		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? <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		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? <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		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? <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		Amount
<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 New Partners Consulting, Inc				Date Incurred 9/4/2014	
Street Address 1250 Eye St NW, Suite 200		City Washington		State DC	Zip Code 20005
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 Research Services		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum) Tom Foley			Office Sought Governor		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Purpose of Expenditure (by code) CNSLT	Expenditure Number 0014	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 4,280.00	
Name of Creditor Shorr Johnson Magnus Strategic Media				Date Incurred 9/5/2014	
Street Address 100 N 20th St Suite 201		City Philadelphia		State PA	Zip Code 19103
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 Media Production Costs		Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I. Addendum) Tom Foley			Office Sought Governor		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Purpose of Expenditure (by code) A-TV	Expenditure Number 0015	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Amount 28,420.33	
Name of Creditor				Date Incurred	
Street Address		City		State	Zip Code
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount	
SUBTOTAL Section I-This Page				32,700.33	
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 Expenses Unpaid and still Outstanding				79,500.00	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 20a, Column A of Summary Page Totals)				112,200.33	

## III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <i>Connecticut Forward</i>				TYPE OF REPORT <i>24 Hour</i>	
<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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		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		<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		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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		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		<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		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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		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		<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		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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		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		<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		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
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		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		<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		Amount
SUBTOTAL Section J — This Page					
TOTAL of additional Section J Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Connecticut Forward		24 Hour	
<b>K. Five Largest Contributions Disclosed in Communication</b>			
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	
Democratic Governors Association		Section G	Number 9
Address of Person Making Contribution—City		State	Zip Code
1401 K St NW, Suite 200 Washington		DC	20005
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Benjamin Metcalf		\$1,250,000	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
American Federation of State County and Municipal Employees		Section 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		Amount	
Laura Reyes		\$900,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
AFT Solidarity		Section G	Number 9
Address of Person Making Contribution—City		State	Zip Code
555 New Jersey Ave NW Washington		DC	20001
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Loretta Johnson		\$250,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
		Section	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	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)

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		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 (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)