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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 149038

10/1/2014 4:09 PM

Do Not Mark in This Space For Official Use Only

COVER PAGE

1. NAME OF COMMITTEE				2.	ELECTION/RE	FERENDUM DATE
Connecticut ?	Forward			11	104/20	514
3. TREASURER NAME		(1)	y lock the sylvenia	5 A S	Walk with	STATE OF STA
Michael	T T	Last Bo	elmont			Suffix
4. TREASURER ADDRESS		y va		N. SDN		
174 Wright Po	nd Rd	Can	terbury		State	2ip Code 06331
5, TYPE OF REPORT (Check One Box)				1 8V		
☐ January 10 filing ☐ April 10 filing ☐ July 10 filing ☐ October 10 filing ☐ October 10 filing ☐ 24 Hour Independent Expenditure ☐ Primary	☐ 7th day preceding prima ☐ 7th day preceding election ☐ 45 days following election not held in November	on 45	day preceding referendum days following referendum mination		Initial Contribu	ation or Disbursement
6. PERIOD COVERED				MAY	1000 7 (56)	
	Beginning Date 10/01/2014	thru	Ending Date 10/01/2014			
7. CERTIFICATION		E . Dissi		100		
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 TREASURE	ER (SIGNATURE)	MICHA PRINT NAME	EL BELMON OF SIGNER	5	- (0/01/2014 DATE (mm/dd/yyyy)
				1000		
A person who is four	nd to have knowingly and w faces a civil pe		ed any provisions of the co	ampaig	gn 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	The state of the s
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	563,075.53	
10. Monetary Receipts (Sections A and B)	0	2,660,000
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	0	2,660,000
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	563,075.53	2,660,000
14. Expenses Paid by Committee (Section G)	39,617.14	2,136,541.61
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	523,458.39	523,458.39
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)	401, 181.00	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	401, 181.00	

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	Electrical Control
Connecticut Forward	24 Hour	
A. Total Contributions from Small Individual Contributors-Received this Period ONLY	0	
(See instructions for definition of Small Individual Contributor) SUBTOTAL SECTION A	\$ 0	
		0.15
B. Itemized Monetary Receipts		
THILL		
Street Address City		State Zip Code
Principal Occupation (if applicable) Name of Employer (if applicable)	ble)	
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution	Reimbursement for Sha	red Expense
	from Affiliated Treasury	ENGERO CAR DECO
Is this contribution associated with an Yes Method of Receipt: Cash EFT Personal	Check Aggregate Cont	tributions
event reported in Section F? No If yes, list Event # Credit/Debit Card Payroll Deduction Money C		
Is contributor a lobbyist, spouse, Yes Is contributor a state contractor, prospective state contractor or principal the	nereof? Yes	Amount Received
or dependent child of a lobbyist?	☐ No	
	Received	1
Name		
Street Address City		State Zip Code
Principal Occupation (if applicable) Name of Employer (if applicable)	ble)	
Principal Occupation (if applicable) Name of Employer (if applicable)	ble)	
Source Type:	Reimbursement for Sha	CONTRACTOR AND I
Source Type:	Reimbursement for Sha from Affiliated Treasury	Miscellaneous
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution Bank Affiliated Business Entity Affiliated Organization Surplus Distribution Transfer Is this contribution associated with an Yes Method of Receipt: Cash EFT Personal event reported in Section F?	Reimbursement for Sharfrom Affiliated Treasury Check Aggregate Conf	Miscellaneous
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution Bank Affiliated Business Entity Affiliated Organization Surplus Distribution Transfer Is this contribution associated with an Yes Method of Receipt: Cash EFT Personal	Reimbursement for Sharfrom Affiliated Treasury Check Aggregate Conf	Miscellaneous
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution Bank Affiliated Business Entity Affiliated Organization Surplus Distribution Transfer Is this contribution associated with an event reported in Section F? No Method of Receipt: Cash EFT Personal Fyes, list Event # Credit/Debit Card Payroll Deduction Money Compared to the property of	Reimbursement for Sharfrom Affiliated Treasury Check Aggregate Contact Order Yes	Miscellaneous
Source Type:	Reimbursement for Sha from Affiliated Treasury Check Aggregate Conf order Yes	Miscellaneous
Source Type:	Reimbursement for Sha from Affiliated Treasury Check order Aggregate Cont order Yes No	Miscellaneous
Source Type:	Reimbursement for Sha from Affiliated Treasury Check Aggregate Conf order Yes	Miscellaneous
Source Type:	Reimbursement for Sha from Affiliated Treasury Check order Preserved Aggregate Cont Preserved Preserved Received	Miscellaneous
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution Bank Affiliated Business Entity Affiliated Organization Surplus Distribution Transfer Is this contribution associated with an event reported in Section F? No Method of Receipt: Cash EFT Personal Types, list Event # Credit/Debit Card Payroll Deduction Money Committee No Is contributor a state contractor, prospective state contractor or principal to the following of government the contract is with: Executive Legislate Date Da	Reimbursement for Shalfrom Affiliated Treasury Check Aggregate Continuereof? Yes Notive Received	Miscellaneous
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution Bank Affiliated Business Entity Affiliated Organization Surplus Distribution Transfer Is this contribution associated with an event reported in Section F? No Method of Receipt: Cash EFT Personal Types, list Event # Credit/Debit Card Payroll Deduction Money Organization Money Organization Transfer Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Is contributor a state contractor, prospective state contractor or principal the organization If yes, indicate which branch or branches of government the contract is with: Executive Legislated Legislate	Reimbursement for Sha from Affiliated Treasury Check order Pereof? Yes No live Received	Miscellaneous

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	La Wit Me	I 30 1 11 1	4 2 AVE 1	TYPE OF	REPORT	Water High Mile
Connecticut Forward				24 1	Hour	
	. Loans Receiv	ed this Pe	riod			
Name of Lender		Source of Loan	: □ Individual	□ Commi	ttee 🗆 Other	Date of Receipt
Street Address	City	D.E.		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 Loar 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	ı: Individual	Commi	ittee	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)	Sir.					Amount Received
Street Address	City			State	Zip Code	
Name of Lender		Source of Loui	n: Individual	☐ Commi	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)	de-					Amount Received
Street Address	City			State	Zip Code	
Name of Lender	Tiv	Source of Loan	: Individual	Commi	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	City			State	Zip Code	
	SUBTOTA	L Section (C — This Pa	ge		
	TOTAL of ac	lditional Se	ection C Pag	es		
(Enter total on Line	: 11and Line 18, Coli		F ALL LOA! mary Page Tota			

NAME OF COMMITTEE (As reported on F	Page 1, Lin	e 1)	AUF	with a die	TYPE O	F REPORT	IZW. II.	P. U.X.C
Connecticut Form	vard				24	Hour		
		D. In-Kir	nd Con	tributions				
Name								
Street Address				City			State	Zip Code
Type of contributor:				Date Received		Aggregate Con	tributions	
☐ Individual / Sole Proprietorship	☐ Con	nmittee						
Is contributor a lobbyist, spouse, Yes		outor a state contractor, pros s, indicate which branch or b		ate contractor or principal	thereof?	☐ Yes ☐ No		Aarket Value Contribution
or dependent child of a lobbyist? No		vernment the contract is with		☐ Executive ☐ Legisl	ative			Contribution
Is this contribution associated with an event reported in Section F?	☐ Yes ☐ No	Description of In-Kind Contri	ibution					
If yes, list Event #								
Name		p.Au.						
Street Address				City			State	Zip Code
Succe Augicos				City			State	Zip code
Type of contributor:				Date Received		Aggregate Con	tributions	
☐ Individual / Sole Proprietorship	☐ Con	nmittee						
Is contributor a lobbyist, spouse,		outor a state contractor, pros		ate contractor or principal	thereof?	☐ Yes	Fair N	Aarket Value
or dependent child of a lobbyist? No		s, indicate which branch or be vernment the contract is with		☐ Executive ☐ Legisl	lative	☐ No	of this	Contribution
ls this contribution associated with an	☐ Yes	Description of In-Kind Contr						
event reported in Section F? If yes, list Event #	☐ No							
Namo							1	
Street Address				City			State	Zip Code
T				Date Received		Aggregate Con	tributions	
Type of contributor: ☐ Individual / Sole Proprietorship	☐ Con	nmittee		Date Received		Aggregate Con	urioutions	
	Transport 1	outor a state contractor, pros	nective st	ate contractor or principal	thereof?	☐ Yes	Fair N	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If ye.	s, indicate which branch or b	ranches			□ No	452350L0	Contribution
Is this contribution associated with an	☐ Yes	Description of In-Kind Contr		☐ Executive ☐ Legisl	lative		-	
event reported in Section F?	☐ No							
If yes, list Event #								
	L. Die		St	JBTOTAL Section D -	— This P	age		
			TO	OTAL of additional Se	ction D P	ages		
TOTAL OF ALL IN-KIND	CONTI	RIBUTIONS (Enter total	l on Line	16, Column A of Summa	ry Page To	otals)		
A LANGE OF THE REAL PROPERTY.	E	. Refundable Depos	sit to T	elephone Compai	ny			K WALL
Last Name of Individual			First			MI	Date Depos	sit Made
Residential Street Address		City			State	Zip Code	1	Amount of
								Deposit
Name of Telephone Company								
encountered in the electric formation of the electric field of the electric formation of the electric field of								
Street Address		City			State	Zip Code		
		5.07						
				Standay Vallage				
T	OTAL S	ECTION E (Enter total	on Line	17. Column A of Summa	ry Page To	tals)		

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE	(As reported on Page 1, Line 1)	TYPE OF REPORT		Stelling Sea
Connectic	ut Forward	24 Hour		
	F. Event	Information		
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?
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?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun	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 fun ☐ 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 fun ☐ Yes	draising event?
Location: Street Address		City	State	Zip Code

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF	TYPE OF REPORT			
Connectant Forward				24 H	our			
G. E.	xpenses	Paid by Con	nmittee	TO WELL	ALIGNA -	15 (1)	An Physical Control	
New Partners Consultir	ig le	10		Date of Payn	1 / 2014	Method of Pa Check i Debit C	#1022	
Street Address		City	· ·			State	Zip Code	
1250 Eye St NW Suite 20	00	Washi	ngtor)		DC	20005	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addlendum Description Research	n Ser	vices					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				
Tom Foley				Gover	nor		Supported Opposed	
Purpose of Expenditure the code CNSLT	Expenditur			th Referendum?	\$4,2	Amoun 295.	The same of the sa	
Name of Payee				Date of Payr		Method of Pa		
Shorr Johnson Magnus	Str	ategic	Media	10/01/	2014	Check Debit (#	
Street Address		City	, ,			State	Zip Code	
100 N 20th St Suite 201		Phil	adelp	hio		PA	19103	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Description McGic	a Pr	roduct	ion				Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	v—if more than	one, Complete Section	G. Addendum)	Office Sought			П.	
Tom Foley				Gover	nor		Supported Opposed	
Purpose of Expenditure	Expenditu	re Number	Associated wi	th Referendum?		Amoun		
A-TV	00	27	☐ Ye	s 🔽 No	\$12,4	56.	95	
Perkins Coic LLP				Date of Payr	nent 1/2014	Method of Pr	#1024	
Street Address 1201 Third Ave, Snite 4900		Seattle	2			State	98101	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete ☐ Yes ▼ No Section G. Addendum Legal	Fee	2.5				•	Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)	Office Sought			TV.	
Dannel Malloy				Gover	nor		Supported Opposed	
Purpose of Expenditure	Expenditu	re Number	Associated wi	th Referendum?		Amour		
CNSLT	00	23	☐ Ye	s 🛛 No	\$5,	164.	65	
		SUBTOTA	L Section (G— This Page	22	,117	.14	
	100	TOTAL of a	iditional Se	ction G Pages	17,	500	0.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTE	E (Enter to	otal on Line 14, Co	lumn A of Sun	nmary Page Tota	(s) 39	61	7.14	

Section G. ADDITIONAL PAGE _____ of ____

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TO THE REAL PROPERTY.	and the sty	TYPE OF	REPORT		END IN AND
Connecticut Forward				24	Hour		
G. E	xpenses	Paid by Co	mmittee		and the same	ME TO	THE WAY
Name of Payee Tightline Strategies				10/0	1/2014	Method of Pa	#1026
7442 Strafford Ave	Oily						
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete ☐ Yes ☑ No Section G. Addendum Description Con Su	lting	Servic	es				Event #
Name of Candidate (unly complete if Independent Expenditure is on behalf of ONE candidate Dannel Malloy	te—if more than	one, Complete Section	G. Addendum)	Gover	nor		Supported Opposed
Purpose of Expenditure (In code) CNSLT	Expenditur	25		ith Referendum?	\$7,	Amoun	
Michael Belmont				Date of Pay	ment 1/2014	Method of Pa Check	# 1023
174 Wright Pond Rd	Canterbury					State CT	06331
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Section G. Addendum	lary						Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate Danuel Malloy	e—if more than	one, Complete Section	G. Addendum) (Office Sought Gover	nor		Supported Opposed
Purpose of Expenditure thy could? CNSLT	Expenditur	Number		th Referendum?	\$2,5	Amoun	
Tightline Strafigies				Date of Pay	1/2014	Method of Pa Check Debit (#1025
7442 Stratford Ave		St L	oris			M O	Zip Code 63130
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum Description Consul							Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate Daniel Malloy	e—if more than	one, Complete Section	G. Addendum)	Govern	lor		Supported Opposed
Purpose of Expenditure (hy code) CNSLT	Expenditure	Number		th Referendum?	\$7,5	Amoun	
数 等的表示。		SUBTOTA	L Section G	— This Page	\$1	7,50	0.00

NAME OF COMMITTEE (As reported on Page 1, Line 1)		7135	7.00	TYPE OF	REPORT	votkin.	1 1 1 1 1 1 1 1
Connecticut Forward				24	Hour		
H.	Expenses Incui	rred on Co	ommittee C	Credit Card		1	
Name of Issuing Institution		Γype of Credi ☐ Visa	t Card: Master Car	rd 🗆 Discove	r 🗌 America	n Express	Other:
Name of Vendor, Person or Entity						Date of Tr	ansaction
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 than	one, Complete Sec	tion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by vode)	Expenditur	e Number		vith Referendum?		Amou	int
Name of Vendor, Person or Entity						Date of Tr	ansaction
Street Address		City				State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section H. Addendum Description							Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of C	ONE candidate—if more than	one, Complete Sec	tion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure	Expenditur	e Number		vith Referendum?		Amou	int
Name of Vendor, Person or Entity	J.,		<u>'</u>		L ₁	Date of Tr	ansaction
Street Address		City				State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes □ No Section H. Addendum							Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of C	ONE candidate—if more than	one, Complete Sec	tion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (thy code)	Expenditure	e Number	10.000000000000000000000000000000000000	vith Referendum?		Amou	int
	SI	UBTOTAL	Section H —	This Page			
	тот	ΓAL of addi	tional Section	H Pages			
TOTAL OF ALL EXPENSES I	INCURRED ON (Enter total on Lin	COMMIT e 19, Column	TEE CRED	IT CARD Page Totals)			

NAME OF COMMITTEE (As reported on Page 1, Line 1)		ТҮРЕС	F REPORT	11 15 11	BONT THE
Connecticut Forward		24	Hour		
I. Expenses Incurred	by Committee but N	lot Paid During this	Period	V	Real Property
Great American	Media			Date Incurre	1/2014
Street Address 3050 K St NW Suit		ashington		State DC	Zip Code 20007
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section I. Addendum Section I. Addendum Description MecU	a Bry				Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candid Tom Foley	late—if more than one, Complete Section		ernor		Supported Opposed
Purpose of Expenditure (the vinte) A - TV	Expenditure Number	Associated with Referendum		Amoun	1.00
Name of Creditor				Date Incurre	
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 Description					Event #
Name of Candidate (only complete if Independent Expenditure is on helalf of ONE candidate)	ate—if more than one, Complete Section	on I. Addendum) Office Sought	116		Supported Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum		Amoun	it
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? If yes, complete Section 1. Addendum Description					Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate)	ate—if more than one, Complete Sectio	n I. Addendum) Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum! ☐ Yes ☐ No		Amoun	t
	SUBTOTA	AL Section I-This Page	\$401,	181.	00
	TOTAL of ad	ditional Section I Pages		0	
TOTAL OF ALL EXPENSES INCURRED BY COMMIT (En	TEE DURING THIS PE ter total on Line 20, Column		\$401	,181	,00
Previously re	ported Expenses Unpaid	and still Outstanding		0	
TOTAL OF ALL EXPENSES II	NCURRED BY COMM or total on Line 20a, Column		\$401	181	,00

NAME OF COLOUR PETERS //	III. EAL		TUKES	Sections					Page 10 of 12
NAME OF COMMITTEE (As reported on F		SIG DAY					REPORT	- 1112	
Connecticut Forwar							Hour		
	zation of Reimburs	Name and Address of the Owner, where	to Commit	ttee Work	ers and	Con	sultants		
Last Name of Worker/Consultant		First					MI	Date of Payn	nent to Vendor
Name of Vendor Paid by Committee Worker/Consu	ultant					report	ent to Reimburs ed in Section G Check #	i:	Worker/Consultant as
Street Address of Vendor			City					State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description								Event #
Yes No Section J. Addendum									
Name of Candidate (only complete if Independent Expen	uditure is on behalf of ONE vandidate	—if more than	one, Complete Section	on J. Addendum)	Office Song	ght			Supported Opposed
Purpose of Expenditure		Expenditur	e Number	Associated v	vith Referend	lum?		Amour	nt
Last Name of Worker/Consultant		First					MI	Date of Paym	ent to Vendor
Name of Vendor Paid by Committee Worker/Consul	ltant					reporte	ent to Reimburs ed in Section G Check #		Vorker/Consultant as
Street Address of Vendor			City					State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes ☐ No Section J. Addendum	Description								Event #
Name of Candidate (only complete if Independent Expendent	diture is on behalf of ONE candidate-	-if more than	one, Complete Sectio	n J. Addendum)	Office Song	ht			☐ Supported ☐ Opposed
Purpose of Expenditure		Expenditure	e Number	Associated w	ith Referenders No	um?		Amoun	t
Last Name of Worker/Consultant	·	First					MI	Date of Payme	ent to Vendor
Name of Vendor Paid by Committee Worker/Consul	tant					reporte	ent to Reimburs ed in Section G		Vorker/Consultant as
Street Address of Ventlor			City					State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? Yes No Yes No Section J. Addendum	Description								Event #
Name of Candidate (only complete if Independent Expendent)	liture is on behalf of ONE candidate—	if more than	one, Complete Section	n J. Addendum)	Ollice Sough	ht			Supported Opposed
Purpose of Expenditure (hy coole)		Expenditure	Number	Associated w	ith Referende	um?		Amoun	t
		su	BTOTAL Se	ction J — T	his Page				
		тот	TAL of additi	onal Section	J Pages				
TOTAL OF ALL REIMBURSEME	ENT TO COMMITTE	EE WOI	RKERS AN	D CONSUI	LTANTS	3			

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REP	ORT	fluxer Mir						
Connectant Forward	24 +	our							
K. Five Largest Contributions Disclosed in Commun	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	ive largest a	ggregate						
Source of Contribution—Name of Person Making Contribution Democratic Governors Association		Expenditure Nun Section	nber Number						
Address of Person Making Contribution—City 1401 K St NW Suite 200 Washington		State	Zip Code 20005						
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution Benjamin Metcalf	\$		0 0 0 · 00						
Source of Contribution -Name of Person Making Contribution American Federation of State County and Municipal Em	ployees	Expenditure Num Section	nber Number						
Address of Person Making Contribution—City 1625 L St NW Washing for	7	State DC	Zip Code 20036						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution Laura Reyes	\$9	Am	ount						
Source of Contribution —Name of Person Making Contribution AFT Solidarity		Expenditure Num Section	ber Number						
Address of Person Making Contribution—City 555 New Jersey Are NW Washing t	ton	State DC	Zip Code 2000						
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution Lorretta Johnson	\$2	250,00	ount						
Source of Contribution -Name of Person Making Contribution Service Employees International Union COPE		Expenditure Num Section	Number						
Address of Person Making Contribution—City 1860 Massachusetts Ave NW Washing	gton	State	Zip Code 20036						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution Michael Fishman	\$2		00.00						
Source of Contribution —Name of Person Making Contribution Teamsters Cocal 1150		Expenditure Num Section	ber Number						
Address of Person Making Contribution—City 150 Garfield Ave Stratford		State CT	Zip Code 06497						
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution Cale Rocco	\$1	0,000							

IV. DISCLOURE IN COMMUNICATIONS (Sections K-L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT		
Connecticut Forward 24 Hour			
L. "Nesting Dolls" Provision for Top 5 Contributions Disclos			
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	per 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	per 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	er 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	er 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	er Number