



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

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	
10/01/2014		thru 10/01/2014	
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)		MICHAEL BELMONT PRINT NAME OF SIGNER	10/01/2014 DATE (mm/dd/yyyy)
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

Page 2 of 12

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
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	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	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Connecticut Forward		24 Hour	
A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Monetary Receipts			
Name			
Street Address		City	State Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input 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? <i>If yes, list Event #</i>		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description <i>(if applicable)</i>		Date Received	
Name			
Street Address		City	State Zip Code
Principal Occupation <i>(if applicable)</i>		Name of Employer <i>(if applicable)</i>	
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input 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? <i>If yes, list Event #</i>		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
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? <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description <i>(if applicable)</i>		Date Received	
SUBTOTAL Section B — This Page			
TOTAL of additional Section B Pages			
TOTAL OF ALL RECEIPTS (Sections A + B) <i>(Enter total on Line 10, Column A of Summary Page Totals)</i>			

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
C. Loans Received this Period					
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)					Amount Received
Street Address	City	State	Zip Code		
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)					Amount Received
Street Address	City	State	Zip Code		
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)					Amount Received
Street Address	City	State	Zip Code		
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)					Amount Received
Street Address	City	State	Zip Code		
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)					Amount Received
Street Address	City	State	Zip Code		
SUBTOTAL Section C — This Page					
TOTAL of additional Section C Pages					
TOTAL OF ALL LOANS (Enter total on Line 11 and Line 18, Column A of Summary Page Totals)					

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
D. In-Kind Contributions					
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			Fair Market Value of this Contribution
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			Fair Market Value of this Contribution
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			Fair Market Value of this Contribution
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			
SUBTOTAL Section D — This Page					
TOTAL of additional Section D Pages					
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 16, Column A of Summary Page Totals)					
E. Refundable Deposit to Telephone Company					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State	Zip Code
Name of Telephone Company					Amount of Deposit
Street Address		City		State Zip Code	
TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)					

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Connecticut Forward		24 Hour	
F. Event Information			
Event #	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
Event #	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
Event #	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
Event #	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
Event #	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
Event #	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
Event #	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
Event #	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	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
New Partners Consulting Inc			10/01/2014		<input checked="" type="checkbox"/> Check # 1022 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
1250 Eye St NW Suite 200		Washington		DC	20005
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Research Services			
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 checked="" type="checkbox"/> Opposed
Tom Foley			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
CNSLT	0028	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$4,295.54	
Name of Payee			Date of Payment		Method of Payment:
Shorr Johnson Magnus Strategic Media			10/01/2014		<input checked="" type="checkbox"/> Check # 1021 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
100 N 20th St Suite 201		philadelphia		PA	19103
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Media Production			
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 checked="" type="checkbox"/> Opposed
Tom Foley			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
A-TV	0027	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$12656.95	
Name of Payee			Date of Payment		Method of Payment:
Perkins Coie LLP			10/01/2014		<input checked="" type="checkbox"/> Check # 1024 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
1201 Third Ave, Suite 4900		Seattle		WA	98101
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Legal Fees			
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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
CNSLT	0023	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5,164.65	
SUBTOTAL Section G— This Page				22,117.14	
TOTAL of additional Section G Pages				17,500.00	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)				39,617.14	

Section G. ADDITIONAL PAGE 1 of 1

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment		Method of Payment:
Tightline Strategies			10/01/2014		<input checked="" type="checkbox"/> Check # 1026 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
7442 Stratford Ave		St Louis		MO	63130
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Consulting Services			
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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
CNSLT	0025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$7,500.00	
Name of Payee			Date of Payment		Method of Payment:
Michael Belmont			10/01/2014		<input checked="" type="checkbox"/> Check # 1023 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
174 Wright Pond Rd		Canterbury		CT	06331
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Salary			
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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
CNSLT	0022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$2,500.00	
Name of Payee			Date of Payment		Method of Payment:
Tightline Strategies			10/01/2014		<input checked="" type="checkbox"/> Check # 1025 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
7442 Stratford Ave		St Louis		MO	63130
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Consulting Services			
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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?		Amount	
CNSLT	0029	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$7,500.00	
SUBTOTAL Section G— This Page				\$17,500.00	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
H. Expenses Incurred on Committee Credit Card					
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	
SUBTOTAL Section H — This Page					
TOTAL of additional Section H Pages					
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>					

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				24 Hour	
I. Expenses Incurred by Committee but Not Paid During this Period					
Name of Creditor Great American Media				Date Incurred 10/01/2014	
Street Address 3050 K St NW Suite 100		City Washington		State DC	Zip Code 20007
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 Buy		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 0030	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$401,181.00	
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	
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	
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				\$401,181.00	
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)				\$401,181.00	
Previously reported Expenses Unpaid and still Outstanding				0	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 20a, Column A of Summary Page Totals)				\$401,181.00	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Connecticut Forward				TYPE OF REPORT 24 Hour	
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: <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>	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 <small>(by code)</small>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>	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 <small>(by code)</small>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>	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 <small>(by code)</small>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section J. Addendum</i>	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 <small>(by code)</small>	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	
K. Five Largest Contributions Disclosed in Communication			
<p>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.</p>			
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Democratic Governors Association		G	
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		\$1,250,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
American Federation of State County and Municipal Employees		G	
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 <small>Section Number</small>	
AFT Solidarity		G	
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	
Lorretta Johnson		\$250,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Service Employees International Union COPE		G	
Address of Person Making Contribution—City		State	Zip Code
1800 Massachusetts Ave NW Washington		DC	20036
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Michael Fishman		\$250,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Teamsters Local 1150			
Address of Person Making Contribution—City		State	Zip Code
150 Garfield Ave Stratford		CT	06497
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Cale Rocco		\$10,000.00	

☐ See Additional Page(s)

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Connecticut Forward		24 Hour	
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 <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <small>Section Number</small>	

☐ See Additional Page(s)