Page 1 of 12

SEEC FORM 40

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

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Do Not Mark or The Space For Official De Only

COVER PAGE

I. NAME OF COMMITTEE					2. ELECTION/REFERENDUM DATE		
Grow Connecticut, Inc.				November	November 4, 2014		
3. TREASURER NAME				1 1 1 1 1 1 1 1			
^{First} Elizabeth	N	S S	Last Kurantowicz	Suffix			
4. TREASURER ADDRESS					HOLD BOOK		
Street Address	diess City			State	Zip Code		
21 Marne Avenue			Fairfield	СТ	06825		
5. TYPE OF REPORT (Check One Box)		Berne					
☐ January 10 filing	☐ 7th day preceding	ng primary	☐ 7th day preceding referendum	☐ Initial Contri	bution or Disbursemen		
☐ April 10 filing	☐ 7th day preceding election		☐ 45 days following referendum	☐ Amendment	to		
☐ July 10 filing	☐ 45 days following election not held in November		☐ Termination Type		pe of Report:		
October 10 filing	not held in Nov	ember					
X 24 Hour Independent Expenditure O Primary X Election							
6. PERIOD COVERED							
	Beginning Date		Ending Date				
	10/03/2014		10/03/2014 thru				
7. CERTIFICATION							
100000000000000000000000000000000000000					LI.		
Itemized Campaign Finan	ce Disclosure Stat as disclosed were r	tement for t made indepe	alse statement, that all of the informa the period covered is true, accurate ar endent of any other individual, politic ommittee, or agent thereof.	nd complete, and	further that any		
EL SM		į	Elizabeth S. Kurantowicz		10/04/14		
TREASURYR OR DEPUTY TREASUR	ER (SIGNATURE)	PR	RINT NAME OF SIGNER		DATE (mm/dd/yyyy)		
		ASSEMAN					
		1 1 11	IC. II i - l - t - d	amnajan financa	elatutae		
A person who is fou	nd to have knowin; faces	gty and will a civil pena	lfully violated any provisions of the co ulty or imprisonment or both.	ampaign Jinance	sianues		

SEEC FORM 40

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

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Grow Connecticut, Inc.	24 Hour Report	
	COLUMN A This Period	COLUMN B Aggregate
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	\$85,813.41	
10. Monetary Receipts (Sections A and B)	\$600,000.00	\$3,449,465.00
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$600,000.00	\$3,449,465.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	\$685,813.41	\$3,449,465.00
14. Expenses Paid by Committee (Section G)	\$676,945.00	\$3,440,596.59
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$8,868.41	\$8,868.41
16. In-Kind Contributions Received (Section D)	0	0
17. Refundable Deposit to Telephone Company (Section E)	0	0
18. Beginning Loan Balance	0	
18a. + Loans Received (Section C)	0	0
18b. + Interest and Penalties on Loan	0	0
18c. Payments on Loan	0	0
18d. Total Outstanding Loan Amount	0	
19. Expenses Incurred on Committee Credit Card (Section H)	0	0
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	0	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$4,410,777.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1,	TYPE OF REPORT	TYPE OF REPORT					
Grow Connecticut, Inc.			24 Hour Report	24 Hour Report			
A. Total Contributions from Small Inc (See instructions for definition of Small Inc		Received this Period ONLY SUBTOTAL SECTION A					
	B. Itemized	Monetary Receipts					
Name Citizens for a Sound Government							
Street Address		City		State Zip Code			
403 S. Reed Court		Lakewood		CO 80226			
Principal Occupation (if applicable) N/A		Name of Employer (if app	licable)				
Source Type: Individual/Sole Proprietorship Bank Affiliated Business Entity	~	Type of Receipt: X Contribution ☐ Surplus Distribution ☐ Trans	☐ Reimbursement for Shar fer from Affiliated Treasury				
Is this contribution associated with an event reported in Section F? If yes, list Event #	o memor of recompa	☐ Cash X EFT ☐ Person☐ Payroll Deduction ☐ Mone	nal Check y Order Aggregate Cont \$660,00				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No of	Amount Received \$600,000.00						
Description (if applicable) Contribution		D	ate Received 10/03/2014	***			
Name		-					
Street Address		City		State Zip Code			
Principal Occupation (if applicable)		Name of Employer (if app	olicable)				
Source Type: ☐ Individual/Sole Proprietorship ☐ ☐ Bank ☐ Affiliated Business Entity ☐		Type of Receipt: ☐ Contribution ☐ Surplus Distribution ☐ Trans	Reimbursement for Sharefer from Affiliated Treasury	•			
Is this contribution associated with an event reported in Section F?	o Method of Receipt.	☐ Cash ☐ EFT ☐ Perso☐ Payroll Deduction ☐ Mone	nal Check Aggregate Cont y Order	ributions			
or dependent child of a lobbyist?	ntributor a state contractor, pro fyes, indicate which branch or f government the contract is with		☐ No	Amount Received			
Description (if applicable)		D	ate Received				
	SUBT	OTAL Section B — This I	Page \$600,00	0.00			
	TOTAL	of additional Section B Pa	ages 0				
		ALL RECEIPTS (Sections A 10, Column A of Summary Page T		0.00			

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT					
Grow Connecticut. Inc.			24 Hour Report			
C.	Loans Receiv	ed this Period	08	3.45		
Name of Lender		Source of Loan: Bank Individual	Commit	tee Other	Date of Receipt	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City		State	Zip Code		
Name of Lender		Source of Loan: Bank Individual	☐ Commit	tee Other	Date of Receipt	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City		State	Zip Code		
Name of Lender		Source of Loan: Bank Individual	☐ Commit	tee Other	Date of Receipt	
Street Address	Cîty		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)	Amount Received					
Street Address	Cîty		State	Zip Code		
Name of Lender		Source of Loan: Bank Individual	☐ Commit	ttee	Date of Receipt	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? ☐ Yes ☐ No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City		State	Zip Code		
Name of Lender		Source of Loan: Bank Individual	Commit	tee Other	Date of Receipt	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (if applicable)					Amount Received	
Street Address	City		State	Zip Code		
	SUBTOTAL	L Section C — This Pag	ge	0		
Light was the state of the state of	TOTAL of ad	ditional Section C Page	es	0		
(Enter total on Line	11and Line 18, Colu	TOTAL OF ALL LOAN		0		

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on F	age 1 Line	7)				TYPE O	F REPO	ORT		427
Grow Connecticut, Inc.	480 1) 2					_	lour R			
Company of the second	Carried States	D. In	-Kind	d Con	tributions	Will g I				E 30 E 3
Name										
Street Address					City				State	Zip Code
Type of contributor:					Date Received		Aggre	gate Contril	outions	
☐ Individual / Sole Proprietorship	☐ Com	mittee	ther							
Is contributor a lobbyist, spouse,	Is contrib	utor a state contractor	r, prospe	ective st	ate contractor or principal	thereof?	□ Y			arket Value Contribution
or dependent child of a lobbyist?		, indicate which brand ernment the contract		anches	☐ Executive ☐ Legis	lative	_ N	40	or tills c	Ontribution
Is this contribution associated with an	☐ Yes	Description of In-Kind	d Contrib	ution						
event reported in Section F? If yes, list Event #	□ No									
Name										
Ivaine										
Street Address					City		_		State	Zip Code
Type of contributor;					Date Received		Aggre	gate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee	ther							
Is contributor a lobbyist, spouse, Yes	Is contrib	utor a state contractor	r. prospe	ective st	ate contractor or principal	thereof?	Y	'es	Fair M	arket Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	If yes	, indicate which brane	ch or br	anches			<u> </u>		of this (Contribution
Is this contribution associated with an	☐ Yes	Description of In-Kind			Executive Legis	lative				
event reported in Section F?	□ No									
If yes, list Event #										
Name										
Street Address					City				State	Zip Code
Silver Address										
Type of contributor:					Date Received		Aggre	gate Contri	outions	
☐ Individual / Sole Proprietorship	☐ Com	mittee	Other					J		
	Is contrib			ective st	ate contractor or principal	thereof?	Y	res l	Fair M	arket Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No	If yes	, indicate which branc	ch or br	anches						Contribution
		Description of In-King			☐ Executive ☐ Legis	lative	_			
Is this contribution associated with an event reported in Section F?	☐ Yes ☐ No	Description of In-Kine	Commo	ution						
If yes, list Event #										
				SU	JBTOTAL Section D	— This P	age	0		
	9 - 5- 3		S gen	TO	OTAL of additional Se	ection D P	ages	0		
TOTAL OF ALL IN-KIND	CONTR	IBUTIONS (Ente	er total	on Line	16, Column A of Summe	ary Page To	otals)	0		
								0.5 - 1		W. C.
	E.	Refundable D		_	elephone Compa	пу		MI	Date Deposi	Mada
Last Name of Individual			Fi	rst				IAII	Date Deposi	I Wade
Residential Street Address			City			State	Zip C	ode		Amount of
										Deposit
Name of Telephone Company						1				
Street Address			City			State	Zip C	ode		
T	OTAL S	ECTION E. (Ente	er total	on Line	17. Column A of Summa	ry Page To	tals)	0		

II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE ()	V 22 - 74 -			
Grow Connecticut.	Inc.	24 Hour Report			
	F. Event	Information			
Event # Date of Event Letter	Description		Was this a fu □ Yes	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu □ Yes	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu □ Yes	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description	<u> </u>	Was this a fu ☐ Yes	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fur	ndraising event?	
Location: Street Address	•	City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu ☐ Yes	ndraising event?	
Location: Street Address		City	State	Zip Code	
Event # Date of Event Letter	Description		Was this a fu	ndraising event?	
Location: Street Address		City	State	Zip Code	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE							E OF REPORT			
Grow Connecticut, Inc.						24 Hou	ır Report			
	G. Ex	xpenses	Paid by Con	nmittee		- 11-11			79/1	
Name of Payee IMGE LLC			•			Date of Payr 10/03/2				x EFT
Street Address 603 King Street, 4th Floor			City Alexandria					State VA	Ι.	Code 2314
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Yes X No Section G. Addendum Description Internet Advertising								Eve	nt # /A	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum) Office Sought Dannel Malloy									Supported X Opposed	
Purpose of Expenditure (by code) A-WEB	Expenditure Number Associated with Refer				\$150,00	Amou r 00.00	ıt			
Name of Payce Target Enterprises, LLC						Date of Payr 10/03/2		Method of P	#	x EFT
Street Address 15260 Ventura Blvd., Suite 1240						State	`	Code 1403		
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section G. Addendum	Description Television Advertise	ing							Evc	nt# I/A
Name of Candidate (only complete if Independent Expendence Dannel Malloy	iture is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)		e Sought Overnor				☐ Supported X Opposed
Purpose of Expenditure (by code) A-TV		Expenditur 0012	e Number	Associated v	vith Ro		\$458,3	Amour 55.00	ıt	
Name of Payee Target Enterprises, LLC						Date of Payr 10/03/2		Method of Payment: ☐ Check # ☐ Debit Card X EFT		
Street Address 15260 Ventura Blvd., Suite 1240			City Sherman O	aks				State		Code 403
If an Independent Expenditure, is it on behalf of more than one candidate? ☐ Yes X No Section G, Addendum	Description Radio Advertising								Eve	nt# I/A
Name of Candidate (only complete if Independent Expendence Dannel Malloy	liture is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)		c Sought Overnor				Supported X Opposed
Purpose of Expenditure (by code) A-RAD					ociated with Referendum?		\$68,59	Amount 590.00		
			SUBTOTA	L Section	G—	This Page	\$676	3,945.00		
			TOTAL of ac	lditional S	ectio	n G Pages	0			
TOTAL OF ALL EXPENSES PAI	D BY COMMITTE	E (Enter to	tal on Line 14, Co	lumn A of Su	ımmar	y Page Tota	(s) \$676	3,945.00		

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF	TYPE OF REPORT						
Grow Connecticut, Inc.				24 Ho	Hour Report			
H. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution		Type of Credit C	ard: Master Card	☐ Discover	America	n Express	☐ Other:	
Name of Vendor, Person or Entity						Date of Tran	saction	
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 of	candidate—if more tha	n one, Complete Section	H. Addendum) Of	fice Sought			Supported Opposed	
Purpose of Expenditure (by eads)	Expenditu	enditure Number Associated with Referendum? Yes No			Amour	nt		
Name of Vendor, Person or Entity		1	W			Date of Tran	nsaction	
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 Description							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE of	candidate—if more tha	n one, Complete Section	H. Addendum) Of	fice Sought			Supported Opposed	
Purpose of Expenditure (by code)	Expenditu	ire Number	Associated with			Amoui	nt	
Name of Vendor, Person or Entity	•					Date of Trai		
Street Address		City				State	Zip Code	
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete Section II. Addendum Section III. Addendum							Event #	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE of	candidate—if more tha	n one, Complete Section	H. Addendum) Of	Tice Sought			Supported Opposed	
Purpose of Expenditure (by code)	Expenditu	ire Number	Associated with			Amour	nt	
		SUBTOTAL Sec	etion H — Th	is Page	0			
	то	TAL of additio	nal Section H	I Pages	0			
TOTAL OF ALL EXPENSES INC	TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 19, Column A of Summary Page Totals)							

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE					TYPE OF R	E OF REPORT			
Grow Connecticut, Inc.					24 Ho	ur Report			
I. Ex	penses Incurred by	y Comn	nittee but No	t Paid D	uring this Pe	eriod			
Name of Creditor							Date Incurred	1	
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 #	
Yes No Section 1. Addenaum Name of Candidate (only complete if Independent Expend	l diture is on behalf of ONE candidate	e—if more than	one, Complete Section	L Addendum)	Office Sought				
								Supported Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referendum?		Amoun	t	
				□ Y	es 🗆 No				
Name of Creditor							Date Incurre	d	
Street Address			City				State	Zip Code	
If an Independent Expenditure, is it on behalf of	Description	Description						Event #	
more than one candidate? If yes, complete									
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section 1. Addendum) Office Sought									
Traine of Canadane (city conpute y mary								Supported Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated v	vith Referendum?		Amour	nt	
(by cont)				□ Y	es 🗆 No				
Name of Creditor				1			Date Incurre	:d	
Street Address			City				State	Zip Code	
If an Independent Expenditure, is it on behalf of	Description							Event#	
more than one candidate? If yes, complete									
Yes No Section I. Addendum Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candida.	te—if more tha	n one, Complete Sectio	n I. Addendum)	Office Sought				
Trans of Canadan (one complete y american Depen	y y 27.22 20.000	,						Supported Opposed	
Purpose of Expenditure		Expenditu	ue Number	Associated v	vith Referendum?		Amour	ıt	
(by cade)				□ Y	es 🔲 No				
			SUBTOTA	AL Section	I-This Page	0			
			TOTAL of ad	ditional Sec	ction I Pages	0			
TOTAL OF ALL EXPENSES INCU	JRRED BY COMMIT	TEE DUF ter total on	RING THIS PE Line 20, Column	CRIOD BUT	Γ NOT PAID ary Page Totals)	0			
	Previously re	ported Ex	xpenses Unpaid	l and still O	utstanding	\$4,410,777.00			
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 20a, Column A of Summary Page Totals)					\$4,410,777.00				

III. EXPENDITURES (Sections G--J)

NAME OF COMMITTEE (As reported on Pag	re 1, Line 1)	3 11/2		41 -3	TYP	TYPE OF REPORT			
Grow Connecticut, Inc.					24	4 Ho	ur Report		
J. Itemization of Reimbursements to Committee Workers and Consultants									
Last Name of Worker/Consultant		First					MI	Date of Paymo	nt to Vendor
Name of Vendor Paid by Committee Worker/Consulta	ınt	-			1	Payme	ent to Reimburs	Committee W	orker/Consultant as
, , , , , , , , , , , , , , , , , , , ,						reporte	ed in Section G:		
						ПС	Check #		it Card
Street Address of Vendor			City					State	Zip Code
	Description								Event #
more than one candidate? If yes, complete Section J. Addendum									
Name of Candidate (only complete if Independent Expendit	ture is on behalf of ONE candidate—	if more that	one. Complete Section .	I. Addendum)	Office Sough	ht			
		,		ŕ					Supported Opposed
									Оррозеи
Purpose of Expenditure (by code)		Expenditu	re Number	Associated w	ith Referendi	um?		Amoun	t
				□ Y	es 🗌 No				
Last Name of Worker/Consultant		First					MI	Date of Payme	nt to Vendor
Last Name of Worker/Consultant		11130							
Name of Vendor Paid by Committee Worker/Consulta	nt						ent to Reimburse ed in Section G:		orker/Consultant as
							heck #	_ Deb	it Card 🔲 EFT
Street Address of Vendor			City					State	Zip Code
If an Independent Expenditure, is it on behalf of	Description								Event #
more than one candidate? If yes, complete	Southion								
Yes No Section J. Addendum					-				
Name of Candidate (only complete if Independent Expendit	ture is on behalf of ONE candidate—	if more that	i one, Complete Section .	I. Addendum)	Office Sough	ht			☐ Supported
									☐ Opposed
Purpose of Expenditure		Expenditu	re Number	Associated w	ith Referende	um?		Amoun	
(by code)				□ Y	es 🗆 No				
								D-1CD	-44- W4
Last Name of Worker/Consultant		First					MI	Date of Payme	nt to vendor
Name of Vendor Paid by Committee Worker/Consulta	nt						ent to Reimburs		orker/Consultant as
							ca in section G Check #		it Card 🔲 EFT
Street Address of Vendor			City					State	Zip Code
3.000.000.000.000			,						
	Description								Event #
The section J. Addendum The section J. Addendum The section J. Addendum									
Name of Candidate (only complete if Independent Expendid	ture is on behalf of ONE candidate—	if more tha	n one, Complete Section	J. Addendum)	Office Soug	ht			П
									Supported Opposed
D. CD. U.	T T	D Pa		A!-4 -d	vith Referend	9		Атоип	
Purpose of Expenditure (by code)		Expenditu	re Number			um;		Amoun	
					es 🗖 No				
		S	UBTOTAL Sec	tion J — T	This Page	Г	0		
		TC	TAL of addition	nal Section	n J Pages		0		
TOTAL OF ALL REIMBURSEME	NT TO COMMITT	EE WC	ORKERS AND	CONSU	LTANTS	S	0		

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPO	REPORT					
Grow Connecticut, Inc.	24 Hour Re	port					
K. Five Largest Contributions Disclosed in Commun	nication						
date that is ninety days immediately prior to the applicable primary or election, please	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 Republican Governors Association		Expenditure Numb Section	⁶ 1,2,3,4,5,6,7,8,9,10, 11, 12, 13, 14, 15, 16, 17				
Address of Person Making Contribution—City		State	Zip Code				
Washington		DC	20006				
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amo	unt				
Mike Adams	\$	2,764,465.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Numb	er Number				
Craig R. Stapleton		Section G	0001				
Address of Person Making Contribution —City		State	Zip Code				
Greenwich		СТ	06836				
Source of Contribution —Name of Individual who Signed Cheek or Authorized Contribution		Amo	unt				
Craig R, Stapleton	\$:	25,000.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Numb	er Number				
Citizens for a Sound Government		G	2,12,13,18				
Address of Person Making Contribution —City		State	Zip Code				
Lakewood		со	80226				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	unt				
Alan Philp	\$	660,000.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Numb Section	Cr Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	unt				
Source of Contribution —Name of Person Making Contribution		Expenditure Numb	er Number				
Address of Person Making Contribution City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	l unt				

IV. DISCLOURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1) TYPE OF REPORT			
Grow Connecticut, Inc.	24 Hour Re	eport	
L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed	d in Commu	ınication	
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 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 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 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 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 Section	oer Number