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

149058

10/17/2014 10:41 PM

position in section in the entry

#### **COVER PAGE**

I. NAME OF COMMITTEE					2. ELECTION/R	EFERENDUM DATE	
Grow Connecticut, Inc.					November 4, 2014		
3. TREASURER NAME	9 7 1 1 - 1	1, -1 -0	7.31				
rirst Elizabeth		MI S	Last Kurantov	ricz		Suffix	
I. TREASURER ADDRESS			The The Whole	ericke Island			
licet Address		17	City		State	Zip Code	
21 Marne Avenue			Fairfield		СТ	06825	
5. TYPE OF REPORT (Check One Box)							
☐ January 10 filing	☐ 7th day prece	ding primary	☐ 7th da	y preceding referendum	☐ Initial Contri	oution or Disbursemen	
April 10 filing	☐ 7th day prece	eding election	tion 45 days following referendum		☐ Amendment t	0	
□ July 10 filing	☐ 45 days follow		☐ Termination		Type of Report:		
October 10 filing	not note in the	dvemoci					
X 24 Hour Independent Expenditure O Primary X Election							
6. PERIOD COVERED					Yields by		
	Beginning Da	ate		Ending Date			
	10/11/2014		thru	10/17/2014			
			_				
7. CERTIFICATION	Samil 187	1 X X X X X X X X X X X X X X X X X X X					
I hereby certify Itemized Campaign Finance expenditures and obligation	ce Disclosure St as disclosed were	t <b>atement</b> for e made inde	r the period co	other individual, politic	nd complete, and f	urther that any	
The Sky			Elizabeth S. I	Kurantowicz		10/18/14	
TREASTRER OR DEPUTY THE SURI	ER (SIGNATURE)	1	PRINT NAME OF	SIGNER		DATE (mm/dd/yyyy)	
	2	. 7 1	nr n	Salara - Falara	annaign Guanas	tatutas	
A person who is four	nd to have know face	ingly and wi es a civil per	illfully violated nalty or impris	any provisions of the comment or both.	ampaign finance s	tatutes	

## **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
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	\$8,868.40	
10. Monetary Receipts (Sections A and B)	\$904,097.00	\$4,992,967.00
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$904,097.00	\$4,992,967.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	\$912,965.40	\$4,992,967.00
14. Expenses Paid by Committee (Section G)	\$843,778.00	\$4,923,779.60
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$69,187.40	\$69,187.40
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)	\$3,153,107.00	

## I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT					
Grow Connecticut, Inc.	24 Hour Report	Hour Report				
A. Total Contributions from Small Individual Contributors-Received this Period ONLY (See instructions for definition of Small Individual Contributor) SUBTOTAL SECTION A	\$ O					
	VS X V	T-1				
B. Itemized Monetary Receipts						
Republican Governors Association						
Street Address City		State Zip Code				
1747 Pennsylvania Avenue NW, Suite 250 Washington		DC 20006				
Principal Occupation (if applicable)  Name of Employer (if applicable)	cable)					
N/A N/A		9				
Source Type: Individual/Sole Proprietorship Committee X Other Type of Receipt: X Contribution		ed Expense Bank Interest				
□ Bank □ Affiliated Business Entity □ Affiliated Organization □ Surplus Distribution □ Transfer	er from Affiliated Treasury	Miscellaneous				
Is this contribution associated with an Yes Method of Receipt: Cash X EFT Persona						
event reported in Section F?  If yes, list Event #  Credit/Debit Card  Payroll Deduction  Money of the section  Money of the section	Order \$4,307,9	967.00				
Is contributor a lobbyist, spouse, Yes Is contributor a state contractor, prospective state contractor or principal	thereof? Yes	Amount Received				
or dependent child of a lobbyist? X No of government the contract is with:	lative X No	\$904,097.00				
Description (if applicable)  Date Received						
Contribution 1	10/16/2014					
Name						
Street Address City		State Zip Code				
Principal Occupation (if applicable)  Name of Employer (if applicable)	cable)					
Source Type: Individual/Sole Proprietorship Committee Other Type of Receipt: Contribution	Reimbursement for Shar	red Expense Bank Interest				
□ Bank □ Affiliated Business Entity □ Affiliated Organization □ Surplus Distribution □ Transfer						
Is this contribution associated with an	al Check Aggregate Cont	ributions				
If yes, list Event #   Credit/Debit Card Payroll Deduction Money	Order					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?  Yes of government the contract is with:  Yes of government the contract is with:  Executive Legisland	☐ No	Amount Received				
Description (if applicable)  Date  D	te Received					
SUBTOTAL Section B — This Pa	<b>age</b> \$904,09	7.00				
TOTAL of additional Section B Pag	ges 0					
TOTAL OF ALL RECEIPTS (Sections A + (Enter total on Line 10, Column A of Summary Page Tot	+ B) \$904,097	7.00				

#### I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF I		
Grow Connecticut, Inc.	24 Ho	24 Hour Report			
The state of the s	Loans Receiv	ed this Period			
Name of Lender		Source of Loan:  Bank Individual	Commit	tee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  ☐ Yes ☐ No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	Commi	ttee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	☐ Commi	ttee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	☐ Commi	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)				J.	Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	☐ Commi	ttee Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)			•		Amount Received
Street Address	City		State	Zip Code	
	SUBTOTA	L Section C — This Pa	ige	0	
	TOTAL of a	dditional Section C Pag	ges	0	
(Enter total on Line	: 11and Line 18, Col	TOTAL OF ALL LOA		0	

#### I. RECEIPTS (Sections A-E)

NAME OF COMMITTEE (As reported on P.	age I, Line	1)	1		TYPE OF	REPC	RT	- 16	
Grow Connecticut, Inc.					24 H	our R	eport		
D. In-Kind Contributions									
Name									
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggre	gate Contrib	utions	
☐ Individual / Sole Proprietorship	☐ Comi								
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes.	utor a state contractor, prospect, indicate which branch or brancernment the contract is with:	ches	te contractor or principal t  Executive  Legisla		□ Y			arket Value Contribution
Is this contribution associated with an event reported in Section F?  If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contributi	on						
Name									
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggre	gate Contrib	outions	
☐ Individual / Sole Proprietorship	☐ Com	mittee							
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes	utor a state contractor, prospect, indicate which branch or bran termment the contract is with:	ches	■ Executive ■ Legisla			es Io		arket Value Contribution
Is this contribution associated with an event reported in Section F?  If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contributi							
Name									
Street Address				City				State	Zip Code
Type of contributor:				Date Received		Aggre	gate Contril	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee							
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes	outor a state contractor, prospect, indicate which branch or branchermment the contract is with:	tive st	ate contractor or principal  Executive Legisla		1 D			larket Value Contribution
Is this contribution associated with an event reported in Section F?  If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contribut	ion						
If yes, list Event #	III II		SU	JBTOTAL Section D -	— This Pa	age	0		
			ТО	TAL of additional Sec	ction D P	ages	0		
TOTAL OF ALL IN-KIND	CONTR	RIBUTIONS (Enter total or	n Line	16, Column A of Summa	ry Page To	tals)	0		
	E.	. Refundable Deposit	to T	elephone Compan	ıy	l V		100	N - W - N
Last Name of Individual		Firs	t				MI	Date Depos	if Made
Residential Street Address		City			State	Zip C	ode		Amount of Deposit
Name of Telephone Company									
Street Address		City			State	Zip C	ode		
Survey Madicion		3.7						12	
T	OTAL S	SECTION E (Enter total or	n Line	17, Column A of Summa	ry Page To	tals)	0		

# II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)  TYPE OF REPORT								
Grow Connecticut.	24 Hour Report							
F. Event Information								
Event # Date of Event Letter	Description		W	Vas this a fund	draising event? □ No			
Location: Street Address		City	·	State	Zip Code			
Event # Date of Event Letter	Description		V	☐ Yes	draising event? □ No			
Location: Street Address		City		State	Zip Code			
Event # Date of Event Letter	Description		V	☐ Yes	draising event? ☐ No			
Location: Street Address		City		State	Zip Code			
Event # Date of Event Letter	Description		V	☐ Yes	draising event? □ No			
Location: Street Address		City		State	Zip Code			
Event # Date of Event Letter	Description		V	Vas this a fun	draising event? □ No			
Location: Street Address		City		State	Zip Code			
Event # Date of Event Letter	Description		V	Vas this a fun ☐ Yes	draising event? □ No			
Location: Street Address		City	.,,	State	Zip Code			
Event # Date of Event Letter	Description		7	☐ Yes	draising event?			
Location: Street Address		City		State	Zip Code			
Event # Date of Event Letter	Description		V	☐ Yes	draising event?			
Location: Street Address	•	City		State	Zip Code			
Event # Date of Event Letter	Description		· ·	☐ Yes	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 OF							REPORT			
Grow Connecticut, Inc. 24 Ho										
	G. Ex	penses	Paid by Con	amittee	SY III TO			76.		
Name of Payce					Date of Pay		Method of Pa		it:	
IMGE LLC					10/17/2	.014	☐ Check☐ Debit (	Card	X EFT	
Street Address			City				State		Code	
603 King Street, 4th Floor			Alexandria				VA	22	314	
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							Ever N/			
Name of Candidate (only complete if Independent Expendent Dannel Malloy	iture is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)	Office Sought Governor				Supported X Opposed	
Purpose of Expenditure		Expenditur	re Number	Associated w	ith Referendum?		Amoun	l		
(by code) A-WEB		0021		□ Y	es X No	\$75,00	0.00			
						L	Made 4 - CD	01/200	244	
Name of Payee Target Enterprises, LLC					10/17/2		Method of P  Check Debit	#	X EFT	
Street Address			City				State	Zip	Code	
15260 Ventura Blvd., Suite 1240			Sherman O	aks			CA	91	1403	
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete	Description Television Advertisi	ing	111					Eve	nt # I/A	
Yes X No Section G. Addendum  Name of Candidate (only complete if Independent Expend			one Complete Section	G. Addendum)	Office Sought			1		
Dannel Malloy	mare is on being by ONE cumulate	- y more mun	, complete become		Governor				☐ Supported X Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated v	vith Referendum?		Amount			
(by code) A-TV		0012		□Y	es X No	\$679,2	16.00			
Name of Payee					Date of Pay	ment				
Target Enterprises, LLC					10/17/	2014	☐ Check☐ Debit	Card	X EFT	
Street Address			City				State	1	Code	
15260 Ventura Blvd., Suite 1240			Sherman O	aks			CA		1403	
If an Independent Expenditure, is it on behalf of more than one candidate?	Description							Eve		
The results of the candidate? If yes, complete Section G. Addendum	Radio Advertising							N	I/A	
Name of Candidate (only complete if Independent Expend	liture is on behalf of ONE candidate	e—if more that	one, Complete Section	G. Addendum)	Office Sought				Пен	
Dannel Malloy					Governor				X Opposed	
Purpose of Expenditure		Expenditu	re Number	Associated v	vith Referendum?		Amou	nt		
A-RAD		0013		□ Y	es X No	\$68,59	90.00			
			SUBTOTA	L Section	G— This Pag	e \$82	2,806.00			
	ilian " In	-4 W	TOTAL of ac	dditional S	ection G Page	s \$20	,972.00			
TOTAL OF ALL EXPENSES PAI	D BY COMMITTE	E (Enter to	otal on Line 14, Co	lumn A of Si	ımmary Page Tol	als) \$84	3,778.00			
								_		

#### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Pa	ige 1. Line 1)	100			TYPE OF	REPORT			
						24 Hour Report			
p-At-g-b-man-N-h-m	H. Expense	s Incu	rred on Com	mittee C		1.8 201	- 10		
Name of Issuing Institution	The Date of the Control	_	Type of Credit Ca						
_				Master Care	d 🗖 Discover	- America	n Express	Other:	
Name of Vendor, Person or Entity							Date of Tran	saction	
								Zip Code	
Street Address			City State						
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section II. Addendum	Description							Event #	
Name of Candidate (only complete if Independent Expendent	diture is on behalf of ONE candidate-	-if more than	n one, Complete Section .	H. Addendum)	Office Sought				
								Supported Opposed	
Purpose of Expenditure	Ä	Expenditu	re Number	Associated w	rith Referendum?		Amour	nt	
(by code)				□ Y	es 🗖 No				
Name of Vendor, Person or Entity	Al-						Date of Trai	nsaction	
Street Address			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 H. Addendum  Name of Candidate (only complete if Independent Expens	ditura is an babalf of ONE candidate.	_if more tha	n one Complete Section	H. Addendum)	Office Sought				
Traine of Candidate (only complete y marpement expense)	and to so occurs by one community	y			, and the second			Supported Opposed	
Purpose of Expenditure		Expenditu	ire Number	Associated w	vith Referendum?		Amoui	nt	
(by code)				□ Y	es 🗖 No				
Name of Vendor, Person or Entity							Date of Trans	nsaction	
Street Address			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 H. Addendum		10	0 1:0:	11 444. 1	Office Scurbs				
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate	—if more tha	n one, Complete Section	п. Audendum)	Office Sought			Supported Opposed	
Purpose of Expenditure		Expenditu	ıre Number	Associated v	vith Referendum?		Amou	nt	
(by code)				□ Y	es 🗖 No				
			SUBTOTAL Se	ction H —	This Page	0			
		TO	TAL of addition	nal Section	n H Pages	0			
TOTAL OF ALL I	EXPENSES INCURF	RED ON	N COMMITT	EE CRED	OIT CARD Page Totals)	0			

## III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)  TYPE OF							OF REPORT		
Grow Connecticut, Inc.					24 Ho	ur Report			
I. Ex	penses Incurred by	y Comm	ittee but No	t Paid Du	iring this Pe	eriod			
Name of Creditor							Date Incurred		
rect Address City State Z								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 I. Addendum  Name of Candidate (only complete if Independent Expendent)	liture is on behalf of ONE candidate	e—if more than	one, Complete Section	I. Addendum)	Office Sought			Supported Opposed	
Purpose of Expenditure (thy code)		Expenditur	e Number		ith Referendum?		Amoun	t	
Name of Creditor							Date Incurre	d	
Street Address			City				State	Zip Code	
an Independent Expenditure, is it on behalf of ore than one candidate?  If yes, complete Section I. Addendum  Description								Event #	
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate	e—if more that	one, Complete Section	I. Addendum)	Office Sought			Supported Opposed	
Purpose of Expenditure (by code)		Expenditu	re Number		rith Referendum? es □ No		Amoun	t	
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  Yes ☐ No  Section I. Addendum	Description							Event #	
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidat	e—if more tha	n one, Complete Section	I. Addendum)	Office Sought			Supported Opposed	
Purpose of Expenditure (by code)	Expenditure Number Associated with Referendum? Amount  Yes \subseteq No						nt		
			SUBTOTA	L Section	I-This Page	0			
			TOTAL of add	litional Sec	ction I Pages	0		-	
TOTAL OF ALL EXPENSES INCU	RRED BY COMMIT	TEE DUR	UNG THIS PE Line 20, Column	RIOD BUT A of Summa	NOT PAID  Try Page Totals)	0			
	Previously rep	ported Ex	penses Unpaid	and still O	utstanding	\$3,153,107.00			
TOTAL (	F ALL EXPENSES IN (Enter	NCURRE r total on L	D BY COMMI ine 20a, Column	TTEE BU' A of Summa	T NOT PAID  ry Page Totals)	\$3,153	,107.00		

Revisen huly 2014	1111 122 1	J. 1271.	i Cittle (B		3 0)				
NAME OF COMMITTEE (As reported on Page 1, Line 1)						TYPE OF REPORT			
Grow Connecticut, Inc.					24	24 Hour Report			
J. Itemiz	zation of Reimburs	ements	to Committe	ee Worke	ers and C	Consu	ıltants	3 1 1 1	
Last Name of Worker/Consultant		First				M	11	Date of Paymo	ent to Vendor
Name of Vendor Paid by Committee Worker/Consu	ltant				r		in Section G	:	orker/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 Expen	uditure is on behalf of ONE candidate	-if more than	1 one, Complete Section	J. Addendum)	Office Sough	nt			Supported Opposed
Purpose of Expenditure (by code)		Expenditu	re Number		vith Referendu	ım?		Amoun	t
Last Name of Worker/Consultant		First				M	11	Date of Paymo	ent to Vendor
Name of Vendor Paid by Committee Worker/Consu	ltant				1		in Section G	:	oit Card
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 Expen	iditure is on behalf of ONE candidate	e—if more than	n one, Complete Section	J. Addendum)	Office Sough	nt			Supported Opposed
Purpose of Expenditure (by code)		Expenditu	re Number		vith Referendu	ım?		Атоип	t
Last Name of Worker/Consultant		First				M	11	Date of Paymo	ent to Vendor
Name of Vendor Paid by Committee Worker/Consu	ıltant	**					in Section G	}:	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  Section J. Addendum	Description								Event#
Name of Candidate (only complete if Independent Expendent	nditure is on behalf of ONE candidat	e—if more tha	n one, Complete Section	J. Addendum)	Office Soug	ht			Supported Opposed
Purpose of Expenditure (by code)		Expenditu	are Number		with Referend	um?		Amour	nt
		S	SUBTOTAL Sec	ction J —	This Page		0		
		TO	OTAL of addition	onal Sectio	n J Pages		0		
TOTAL OF ALL REIMBURSEM	IENT TO COMMIT	ree wo	ORKERS ANI	D CONSU	LTANTS	S	0		

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	PORT						
Grow Connecticut, Inc.	Report						
K. Five Largest Contributions Disclosed in Communication							
If the independent expenditure reported in this form was for a communication made or obligated to be made date that is ninety days immediately prior to the applicable primary or election, please report the five largest a contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or							
Source of Contribution—Name of Person Making Contribution		Expenditure Num	bc 1,2,3,4,5,6,7,8,9,10, 11,				
Republican Governors Association		Section G	12, 13, 14, 15, 16, 17,19, 20, 21, 22				
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					
Mike Adams		\$4,307,967.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Num Section	ber Number				
Craig R. Stapleton		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	ount				
Craig R. Stapleton		\$25,000.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Num	ber 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			ount				
Alan Philp		\$660,000.00					
Source of Contribution —Name of Person Making Contribution		Expenditure Num Section	ber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Amo	ount				
Source of Contribution —Name of Person Making Contribution		Expenditure Num Section	ber Number				
Address of Person Making Contribution —City		State	Zip Code				
Source of Contribution —Name of Individual who Signed Check or Authorized Contribution		Am	ount				

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)  TYPE OF RE			ORT						
Grow Connecticut, Inc. 24 Hour			eport						
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 (if known)			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	cr 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	cr Number						

# Section G. ADDITIONAL PAGE 13 of 13

NAME OF COMMITTEE (As reported on Po	age 1, Line 1)	n s i V	wall it is a switter		TYPE OF	TYPE OF REPORT				
Grow Connecticut, Inc.				24 Hou	24 Hour Report					
G. Expenses Paid by Committee										
Name of Payer  Creative Direct LLC				·	Date of Payment 10/17/2014		Method of Payment:  ☐ Check # ☐ Debit Card X EFT			
Street Address 25 E. Main Street			City Richmond					Zip Code 23219		
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete  Yes   X No  Section G. Addendum  Description  Direct Mail							Event # N/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  Bannel Malloy  Office Sought						Supported X Opposed				
Purpose of Expenditure Expenditure A-DM 0022			e Number		rith Referendum?	\$20,972.	Amount			
Name of Payce Date of Payment					Method of Payment:  Check # Debit Card					
Street Address			City	-			State	Zip Code		
If an Independent Expenditure, is it on behalf of more than one candidate?    If yes, complete   Section G, Addendum	Description		!!					Event #		
Name of Candidate (only complete if Independent Expendent	liture is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)	Office Sought			Supported Opposed		
Purpose of Expenditure  Expenditure  by code)			e Number	Associated with Referendum?			Amount			
Name of Payee					Date of Pay	ment	Method of Pa	#		
Street Address City					State	Zip Code				
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section G, Addendum	Description Event #						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						Supported Opposed				
Purpose of Expenditure Expenditure		e Number		vith Referendum?			Amount			
SUBTOTAL Section G— This Page \$20,972.00										