




# SEEC FORM 40

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

149067  
10/25/2014 8:32 PM  
(Do Not Mark in This Space For Official Use Only)

## COVER PAGE

<b>1. NAME OF COMMITTEE</b>			<b>2. ELECTION/REFERENDUM DATE</b>	
Grow Connecticut, Inc.			November 4, 2014	
<b>3. TREASURER NAME</b>				
First Elizabeth	MI S	Last Kurantowicz	Suffix	
<b>4. TREASURER ADDRESS</b>				
Street Address 21 Marne Avenue		City Fairfield	State CT	Zip Code 06825
<b>5. TYPE OF REPORT (Check One Box)</b>				
<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				
X 24 Hour Independent Expenditure O Primary    X Election				
<b>6. PERIOD COVERED</b>				
Beginning Date 10/22/2014		thru	Ending Date 10/25/2014	
<b>7. CERTIFICATION</b>				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.				
		Elizabeth S. Kurantowicz		10/25/14
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		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

**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	\$28,477.40	
10. Monetary Receipts (Sections A and B)	\$1,171,255.00	\$6,738,722.00
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$1,171,255.00	\$6,738,722.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	\$1,199,732.40	\$6,738,722.00
14. Expenses Paid by Committee (Section G)	\$1,136,255.00	\$6,675,244.60
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$63,477.40	\$63,477.40
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)	\$2,091,852.00	

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Grow Connecticut, Inc.			24 Hour Report	
<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b> (See instructions for definition of Small Individual Contributor)			<b>SUBTOTAL SECTION A</b>	
			\$ 0	
<b>B. Itemized Monetary Receipts</b>				
Name A Public Voice, Inc.				
Street Address 8913 Cincinnati-Dayton Rd.		City West Chester		State OH
				Zip Code 45069
Principal Occupation (if applicable) N/A		Name of Employer (if applicable) N/A		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Other		Type of Receipt: <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this contribution associated with an event reported in Section F? If yes, list Event # _____		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check		Aggregate Contributions
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		\$1,171,255.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Amount Received</b>  \$1,171,255.00
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Description (if applicable) Contribution			Date Received 10/24/2014	
Name				
Street Address		City		State
				Zip Code
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Type of Receipt: <input type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest		
<input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		<input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Transfer from Affiliated Treasury <input type="checkbox"/> Miscellaneous		
Is this contribution associated with an event reported in Section F? If yes, list Event # _____		Method of Receipt: <input type="checkbox"/> Cash <input type="checkbox"/> EFT <input type="checkbox"/> Personal Check		Aggregate Contributions
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Amount Received</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Description (if applicable)			Date Received	
<b>SUBTOTAL Section B — This Page</b>			\$1,171,255.00	
<b>TOTAL of additional Section B Pages</b>			0	
<b>TOTAL OF ALL RECEIPTS (Sections A + B)</b> (Enter total on Line 10, Column A of Summary Page Totals)			\$1,171,255.00	

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Grow Connecticut, Inc.				24 Hour Report	
<b>C. Loans Received this Period</b>					
Name of Lender		Source of Loan:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
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:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
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:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
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:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
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:		Date of Receipt	
		<input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other			
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		
<b>SUBTOTAL Section C — This Page</b>				0	
<b>TOTAL of additional Section C Pages</b>				0	
<b>TOTAL OF ALL LOANS</b> <i>(Enter total on Line 11 and Line 18, Column A of Summary Page Totals)</i>				0	

# I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT		
Grow Connecticut, Inc.			24 Hour Report		
<b>D. In-Kind Contributions</b>					
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
Name					
Street Address		City		State	Zip Code
Type of contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date Received		Aggregate Contributions	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, indicate which branch or branches of government the contract is with:</i> <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<b>Fair Market Value of this Contribution</b>	
Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list Event # _____</i>		Description of In-Kind Contribution			
<b>SUBTOTAL Section D — This Page</b>					
0					
<b>TOTAL of additional Section D Pages</b>					
0					
<b>TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 16, Column A of Summary Page Totals)</b>					
0					
<b>E. Refundable Deposit to Telephone Company</b>					
Last Name of Individual		First		MI	Date Deposit Made
Residential Street Address		City		State	Zip Code
<b>Amount of Deposit</b>					
Street Address		City		State	Zip Code
<b>TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)</b>					
0					

## II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
F. Event Information			
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code
<b>Event #</b> Date of Event	Letter	Description	Was this a fundraising event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location: Street Address		City	State Zip Code

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Grow Connecticut, Inc.				24 Hour Report	
<b>G. Expenses Paid by Committee</b>					
Name of Payee			Date of Payment		Method of Payment:
IMGE LLC			10/24/2014		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
603 King Street, 4th Floor		Alexandria		VA	23214
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 #
		Internet Advertising			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		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
A-WEB		0025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$75,000.00
Name of Payee			Date of Payment		Method of Payment:
Target Enterprises, LLC			10/24/2014		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address		City		State	Zip Code
15260 Ventura Blvd., Suite 1240		Sherman Oaks		CA	91403
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 #
		Television Advertising			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		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
A-TV		0012	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$992,665.00
Name of Payee			Date of Payment		Method of Payment:
Target Enterprises, LLC			10/24/2014		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address		City		State	Zip Code
15260 Ventura Blvd., Suite 1240		Sherman Oaks		CA	91403
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete Section G. Addendum</i>		Description			Event #
		Radio Advertising			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		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Dannel Malloy			Governor		
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum?		Amount
A-RAD		0013	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$68,590.00
<b>SUBTOTAL Section G— This Page</b>					\$1,136,255.00
<b>TOTAL of additional Section G Pages</b>					0
<b>TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)</b>					\$1,136,255.00

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
<b>H. Expenses Incurred on Committee Credit Card</b>			
Name of Issuing Institution		Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other:	
Name of Vendor, Person or Entity			Date of Transaction
Street Address		City	State    Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	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? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	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? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	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? <i>If yes, complete Section H. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Description		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section H. Addendum)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
<b>SUBTOTAL Section H — This Page</b>			0
<b>TOTAL of additional Section H Pages</b>			0
<b>TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD</b> <i>(Enter total on Line 19, Column A of Summary Page Totals)</i>			0



### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Grow Connecticut, Inc.			24 Hour Report	
<b>I. Expenses Incurred by Committee but Not Paid During this Period</b>				
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section I. Addendum</i>	Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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	<b>Amount</b>	
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section I. Addendum</i>	Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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	<b>Amount</b>	
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section I. Addendum</i>	Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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	<b>Amount</b>	
Name of Creditor			Date Incurred	
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section I. Addendum</i>	Description			Event #
<input type="checkbox"/> Yes <input type="checkbox"/> No				
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	<b>Amount</b>	
<b>SUBTOTAL Section I-This Page</b>		0		
<b>TOTAL of additional Section I Pages</b>		0		
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID</b> <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>		0		
<b>Previously reported Expenses Unpaid and still Outstanding</b>		\$2,091,852.00		
<b>TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID</b> <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>		\$2,091,852.00		

### III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) <b>Grow Connecticut, Inc.</b>				TYPE OF REPORT <b>24 Hour Report</b>	
<b>J. Itemization of Reimbursements to Committee Workers and Consultants</b>					
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor			City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				Office Sought  <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor			City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				Office Sought  <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor			City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				Office Sought  <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
Last Name of Worker/Consultant		First		MI	Date of Payment to Vendor
Name of Vendor Paid by Committee Worker/Consultant				Payment to Reimburse Committee Worker/Consultant as reported in Section G: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
Street Address of Vendor			City		State      Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate? <i>If yes, complete Section J. Addendum</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		Description			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section J. Addendum)				Office Sought  <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Purpose of Expenditure (by code)		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
<b>SUBTOTAL Section J — This Page</b> 0					
<b>TOTAL of additional Section J Pages</b> 0					
<b>TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS</b> 0					

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
<b>K. Five Largest Contributions Disclosed in Communication</b>			
If the independent expenditure reported in this form was for a communication made or obligated to be made on or after the date that is ninety days immediately prior to the applicable primary or election, please report the five largest aggregate contributions in excess of \$5,000 received during the twelve month period prior to the applicable primary or election.			
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Republican Governors Association		Section	Number
		G	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24
Address of Person Making Contribution—City		State	Zip Code
Washington		DC	20006
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Mike Adams		\$4,882,467.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Craig R. Stapleton		Section	Number
		G	0001
Address of Person Making Contribution—City		State	Zip Code
Greenwich		CT	06836
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Craig R. Stapleton		\$25,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Citizens for a Sound Government		Section	Number
		G	2, 12, 13, 18
Address of Person Making Contribution—City		State	Zip Code
Lakewood		CO	80226
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Alan Philp		\$660,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
A Public Voice, Inc.		Section	Number
		G	12, 13, 25
Address of Person Making Contribution—City		State	Zip Code
West Chester		OH	45069
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	
Thomas Norris		\$1,171,255.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
		Section	Number
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		<b>Amount</b>	

See Additional Page(s)

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

NAME OF COMMITTEE <i>(As reported on Page 1, Line 1)</i>		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>			
Name of Person Making Covered Transfer to Person Reported in Section K			
Address of Person Making Covered Transfer—City <i>(if known)</i>		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>
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 <i>Section</i>	<i>Number</i>

See Additional Page(s)