



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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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Grow Connecticut, Inc.		November 4, 2014	
3. TREASURER NAME			
First Elizabeth	MI S	Last Kurantowicz	Suffix
4. TREASURER ADDRESS			
Street Address 21 Marne Avenue	City Fairfield	State CT	Zip Code 06825
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="checkbox"/> Primary <input checked="" type="checkbox"/> Election			
6. PERIOD COVERED			
Beginning Date 10/29/2014		thru	Ending Date 10/31/2014
7. CERTIFICATION			
<p>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.</p>			
	Elizabeth S. Kurantowicz		10/31/14
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)
<p><i>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.</i></p>			

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	\$63,477.40	
10. Monetary Receipts (Sections A and B)	\$235,000.00	\$7,573,722.00
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	\$235,000.00	\$7,573,722.00
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	\$298,477.40	\$7,573,722.00
14. Expenses Paid by Committee (Section G)	\$282,873.00	\$7,558,117.60
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	\$15,604.40	\$15,604.40
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)	\$1,291,852.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
A. Total Contributions from Small Individual Contributors-Received this Period ONLY (See instructions for definition of Small Individual Contributor)		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Monetary Receipts			
Name Citizens for a Sound Government			
Street Address 403 S. Reed Court		City Lakewood	State CO
		Zip Code 80226	
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 <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" 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? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$685,000.00	
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	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description (if applicable) Contribution		Date Received 10/30/2014	
		Amount Received \$25,000.00	
Name Republican State Leadership Committee			
Street Address 1201 F Street, NW, #675		City Washington	State DC
		Zip Code 20004	
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 <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" 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? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10,000.00	
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	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Description (if applicable) Contribution		Date Received 10/30/2014	
		Amount Received \$10,000.00	
SUBTOTAL Section B — This Page		\$35,000.00	
TOTAL of additional Section B Pages		\$200,000.00	
TOTAL OF ALL RECEIPTS (Sections A + B) (Enter total on Line 10, Column A of Summary Page Totals)		\$235,000.00	

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 Received this Period					
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		
SUBTOTAL Section C — This Page				0	
TOTAL of additional Section C Pages				0	
TOTAL OF ALL LOANS <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			
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					
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						0	
TOTAL of additional Section D Pages						0	
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 16, Column A of Summary Page Totals)						0	
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							
TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)						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			
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
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) Grow Connecticut, Inc.		TYPE OF REPORT 24 Hour Report	
G. Expenses Paid by Committee			
Name of Payee Target Enterprises, LLC		Date of Payment 10/30/2014	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 15260 Ventura Blvd., Suite 1240		City Sherman Oaks	State CA
		Zip Code 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 Television Advertising		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) Dannel Malloy		Office Sought Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code) A-TV	Expenditure Number 0012	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$200,000.00
Name of Payee IMGE LLC		Date of Payment 10/30/2014	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 603 King Street, 4th Floor		City Alexandria	State VA
		Zip Code 22314	
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 Internet Advertising		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) Dannel Malloy		Office Sought Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code) A-WEB	Expenditure Number 0026	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$30,000.00
Name of Payee Chris Mottola Consulting, Inc.		Date of Payment 10/31/2014	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 1382 Lafayette Street		City Cape May	State NJ
		Zip Code 08204	
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 Television Advertising		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) Dannel Malloy		Office Sought Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code) A-TV	Expenditure Number 0027	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$52,873.00
SUBTOTAL Section G— This Page			\$282,873.00
TOTAL of additional Section G Pages			0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)			\$282,873.00

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24 Hour Report	
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		0	
TOTAL of additional Section H Pages		0	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD <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	
I. Expenses Incurred by Committee but Not Paid During this Period				
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	Description <i>If yes, complete Section I. Addendum</i>			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	Description <i>If yes, complete Section I. Addendum</i>			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	Description <i>If yes, complete Section I. Addendum</i>			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	Description <i>If yes, complete Section I. Addendum</i>			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				0
TOTAL of additional Section I Pages				0
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID <i>(Enter total on Line 20, Column A of Summary Page Totals)</i>				0
Previously reported Expenses Unpaid and still Outstanding				\$1,291,852.00
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>				\$1,291,852.00

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Grow Connecticut, Inc.				TYPE OF REPORT 24 Hour Report	
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 (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? <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 (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? <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 (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? <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 (by code)		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount
SUBTOTAL Section J — This Page 0					
TOTAL of additional Section J Pages 0					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS 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	
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	
Republican Governors Association		Section	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		Amount	
Mike Adams		\$5,482,467.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Craig R. Stapleton		Section	Number
Address of Person Making Contribution—City		State	Zip Code
Greenwich		CT	06836
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Craig R. Stapleton		\$25,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Citizens for a Sound Government		Section	2, 12, 13, 18, 26, 27
Address of Person Making Contribution—City		State	Zip Code
Lakewood		CO	80226
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Alan Philp		\$685,000.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
A Public Voice, Inc.		Section	12, 13, 25, 26, 27
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		Amount	
Thomas Norris		\$1,371,255.00	
Source of Contribution—Name of Person Making Contribution		Expenditure Number	
Republican State Leadership Committee		Section	Number
Address of Person Making Contribution—City		State	Zip Code
Washington		DC	20004
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Matthew Walter		\$10,000.00	

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	
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)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Grow Connecticut, Inc.		24-Hour Report	
B. Itemized Monetary Receipts			
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 <input type="checkbox"/> Bank <input type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" 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? If yes, list Event # _____		Method of Receipt: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	
		Aggregate Contributions \$1,371,255.00	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable) Contribution		Date Received 10/30/2014	
		Amount Received \$200,000.00	
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 <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? If yes, list Event # _____		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	
		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 If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)		Date Received	
SUBTOTAL Section B — This Page			\$200,000.00