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 149082

10/31/2014 8:23 PM

#### **COVER PAGE**

1. NAME OF COMMITTEE					2.	ELECTION/	REFERENDUM DATE
Grow Connecticut, Inc.						November	4, 2014
3. TREASURER NAME							
First		MI	Last				Suffix
Elizabeth		S	Kuranto	wicz			
4. TREASURER ADDRESS						No. of the last	
Street Address		C	lity			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 d	ay preceding referendum		Initial Contr	ibution or Disbursement
☐ April 10 filing	☐ 7th day prece	ding election		ays following referendum			
☐ July 10 filing			☐ Amendment				
□ October 10 filing	not held in No				1	Type of Repo	ort:
X 24 Hour Independent Expenditure O Primary X Election							
6. PERIOD COVERED							
	Beginning Da	ite		Ending Date			
	10/29/2014		thru	10/31/2014			
7. CERTIFICATION							
I hereby certify Itemized Campaign Finance expenditures and obligation	ce Disclosure Sta as disclosed were	atement for made indep	the period co endent of an	nt, that all of the inform overed is true, accurate a y other individual, polit agent thereof.	and con	plete, and	further that any
Ely Sky			Elizabeth S.	Kurantowicz			10/31/14
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	P	RINT NAME O	F SIGNER		- :	DATE (mm/dd/yyyy)
A person who is four	nd to have knowi face	ngly and wil s a civil pen	lfully violate alty or impri	d any provisions of the comment or both.	campaiį	gn finance .	statutes

### **SEEC FORM 40**

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

#### **SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
Grow Connecticut, Inc.	24 Hour Report	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR     Balance on hand from day committee was formed for all other committees		0
9. Balance on hand at the beginning of Reporting Period	\$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	

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT			
Grow Connecticut, Inc.		4 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 Zip Code CO 80226		
Principal Occupation (if applicable)  N/A  Name of Employer (if applicable)  N/A	ble)			
□ Bank         □ Affiliated Business Entity         □ Affiliated Organization         □ Surplus Distribution         □ Transfer for the surplus Distribution	Reimbursement for Shar from Affiliated Treasury	red Expense Bank Interest		
Is this contribution associated with an event reported in Section F?  If yes, list Event #  Method of Receipt:  Cash X EFT Personal Contribution Card Payroll Deduction Money On	000000			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No If yes, indicate which branch or branches of government the contract is with:	₹ No	Amount Received		
Contribution	Received /30/2014	\$25,000.00		
Name Republican State Leadership Committee				
Street Address 1201 F Street, NW, #675 City Washington		State Zip Code DC 20004		
Principal Occupation (if applicable)  N/A  Name of Employer (if applicable)  N/A	ole)			
Source Type: ☐ Individual/Sole Proprietorship ☐ Committee X Other ☐ Type of Receipt: X Contribution ☐ Bank ☐ Affiliated Business Entity ☐ Affiliated Organization ☐ Surplus Distribution ☐ Transfer for the contribution ☐ Tr				
Is this contribution associated with an event reported in Section F?  If yes, list Event #  Method of Receipt:  Cash X EFT Personal Contribution Credit/Debit Card Payroll Deduction Money Or	rder \$10,000			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? X No Is contributor a state contractor, prospective state contractor or principal the If yes, indicate which branch or branches of government the contract is with:	X No	Amount Received \$10,000.00		
Contribution	Received 0/30/2014			
SUBTOTAL Section B — This Page	e \$35,000.	.00		
TOTAL of additional Section B Pages	s \$200,000	0.00		
TOTAL OF ALL RECEIPTS (Sections A + B (Enter total on Line 10, Column A of Summary Page Totals	\$235,000	0.00		

NAME OF COMPRETER (1					
NAME OF COMMITTEE (As reported on Page 1, Line 1)  Grow Connecticut, Inc.				FREPORT	
Grow Connecticut. Inc.			24 H	lour Report	
No. of Carlos	C. Loans Recei	ived this Period	tut it is		
Name of Lender		Source of Loan:  Bank Individual	Comn	nittee    Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?  Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	Comn	nittee  Other	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					☐ Yes ☐ No
					Amount Received
Street Address	City		State	Zip Code	
Name of Lender		Source of Loan:			
		Bank Individual	Comm	nittee    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	Trin Code	
			State	Zip Code	
Name of Lender		Source of Loan:  Bank Individual	Comm	nittee    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		Teasts	17:-0-1	
	C.I.y		State	Zip Code	
Name of Lender		Source of Loan:	_		Date of Receipt
		☐ Bank ☐ Individual	Comm	nittee  Other	
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan?
Name of Cosigner/Guarantor (if applicable)					Yes No
					Amount Received
Street Address	City		State	Zip Code	
	SUBTOTA	AL Section C — This Pa	ge	0	
	TOTAL of a	dditional Section C Pag	es	0	
(Enter total on	Line Hand Line 18, Co.	TOTAL OF ALL LOA!	NS uls)	0	

Meyered July 2014		I. KECEIF I	13 (30	ections A—E)				1 age 3 01 12
NAME OF COMMITTEE (As reported on P	age 1, Line	1)			TYPE OF F	REPORT		
Grow Connecticut, Inc.					24 Hou	ır Report		
		D. In-Kine	d Con	tributions	SPECIA			
Name								
Street Address	-		-	City			State	Zip Code
		- 10						
Type of contributor:				Date Received	A	ggregate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If yes,	utor a state contractor, prospe indicate which branch or branch ernment the contract is with:	anches	ate contractor or principal t  Executive  Legisla		☐ Yes ☐ No		larket Value Contribution
Is this contribution associated with an event reported in Section F?  If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contrib	oution					
Name								
Street Address			-	City			State	Zip Code
Type of contributor:				Date Received	A	ggregate Contri	butions	
☐ Individual / Sole Proprietorship	☐ Com	mittee						
Is contributor a lobbyist, spouse, Yes		utor a state contractor, prosp		ate contractor or principal t		Yes	Fair M	larket Value
or dependent child of a lobbyist?		, indicate which branch or branch the contract is with:		☐ Executive ☐ Legisla		□ No	of this	Contribution
Is this contribution associated with an event reported in Section F?  If yes, list Event #	☐ Yes ☐ No	Description of In-Kind Contrib						
Name								
Street Address				City			State	Zip Code
Type of contributor:				Date Received	A	ggregate Contri	butions	
☐ Individual / Sole Proprietorship	□ Com	mittee						
Is contributor a lobbyist, spouse, Yes or dependent child of a lobbyist?	If yes	utor a state contractor, prosp, indicate which branch or br ernment the contract is with:	ranches	ate contractor or principal t		☐ Yes ☐ No	- This could be a	larket Value Contribution
Is this contribution associated with an	☐ Yes	Description of In-Kind Contrib		_ Executive _ Eegisti	arvo			
event reported in Section F?  If yes, list Event #	□ No							
			st	JBTOTAL Section D -	– This Pag	e 0		
			то	TAL of additional Sec	tion D Pag	es 0		
TOTAL OF ALL IN-KIND	CONTR	IBUTIONS (Enter total	on Line	16, Column A of Summar	y Page Tota	<i>(s)</i> 0		
	E.	Refundable Depos	it to T	elephone Compan	у			
Last Name of Individual		F	irst			MI	Date Deposi	it Made
D. I. C. C. A. I.		Lei						-11 15 H
Residential Street Address		City			State 2	Cip Code		Amount of Deposit
Name of Telephone Company								
Street Address		Lone			State 2	Zip Code		
Succe Addiess		City			State 1	sip code		
Т	OTAL S	ECTION E (Enter total	on Line	17, Column A of Summar	y Page Total	(s) 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 1	nformation		
Event # Date of Event Letter	Description		Was this a fun ☐ Yes	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun ☐ Yes	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun ☐ Yes	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun  ☐ Yes	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun	draising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fun	ndraising event?
Location: Street Address		City	State	Zip Code
Event # Date of Event Letter	Description		Was this a fur ☐ Yes	ndraising event?
Location: Street Address		City	State	Zip Code

NAME OF COMMITTEE (As reported on F	Page 1 Line 1)				TVDE OF	DEBORE		
Grow Connecticut, Inc.	age 1, Line 17					REPORT ur Report		and the same
	G. E	xpenses	Paid by Co	mmittee	24110	ui Report		
Name of Payee Target Enterprises, LLC		Product	Tala by Co	, minitee	Date of Pay 10/30/2		Method of I	#
Street Address 15260 Ventura Blvd., Suite 1240			City Sherman C	Daks			State	Zip Code 91403
If an Independent Expenditure, is it on behalf of more than one candidate?  ☐ Yes X No  Section G. Addendum	Description Television Advertis							Event# N/A
Name of Candidate (only complete if Independent Expendent Dannel Malloy	diture is on behalf of ONE candidal	te—if more tha	n one, Complete Sectio	on G. Addendum)	Office Sought Governor			Supported X Opposed
Purpose of Expenditure (By code)  A-TV		Expenditu 0012	re Number	In the ball the ball	vith Referendum?	\$200,0	Amour	nt
Name of Payee  IMGE LLC  Street Address					Date of Pays 10/30/2		Method of P	#
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?  ☐ Yes X No  If yes, complete Section G. Addendum	Description Internet Advertising							Event # N/A
Name of Candidate (only complete if Independent Expendent Dannel Malloy	liture is on behalf of ONE candidate	e—if more than	one, Complete Section	n G. Addendum)	Office Sought Governor			Supported X Opposed
Purpose of Expenditure (hy code)  A-WEB		Expenditur 0026	re Number		with Referendum?	\$30,00	Amoun	nt
Name of Payee Chris Mottola Consulting, Inc.					Date of Payr 10/31/2		Method of Pa	#
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?  Yes X No Section G. Addendum  Section G. Addendum	Description Television Advertise							Event # N/A
Name of Candidate (only complete if Independent Expend Dannel Malloy	liture is on behalf of ONE candidate	e—if more than	one, Complete Section	G. Addendum)	Office Sought Governor			☐ Supported X Opposed
Purpose of Expenditure  thy code)  A-TV		Expenditur 0027	e Number		rith Referendum?	\$5	Amoun 52,873.00	t
			SUBTOTA	AL Section	G— This Page	\$282	2,873.00	
			TOTAL of ac	dditional Se	ection G Pages	0		
TOTAL OF ALL EXPENSES PAIR	D BY COMMITTE	E (Enter to	tal on Line 14, Co	lumn A of Su	mmary Page Total	\$282	2,873.00	

NAME OF COMMITTEE (As reported on P.	age 1, Line 1)			TYPE OF	REPORT		THE RESERVE OF THE PARTY OF THE
Grow Connecticut, Inc.			Mark .		ur Report		
	H. Expenses l	incurred on Co	mmittee (	Credit Card			
Name of Issuing Institution		Type of Credit			American I	Express	Other:
Name of Vendor, Person or Entity					D	ate of Tran	nsaction
Street Address		City			Si	tate	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  ☐ Yes ☐ No  Section H. Addendum	Description						Event #
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate—if m	ore than one, Complete Secti	ion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Exp	penditure Number		with Referendum?		Amour	ıt
Name of Vendor, Person or Entity					D	ate of Tran	nsaction
Street Address		City			Si	ate	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  ☐ Yes ☐ No  Section H. Addendum	Description						Event #
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate—if m	ore than one, Complete Secti	ion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (hy code)	Exp	penditure Number		with Referendum?		Amour	it
Name of Vendor, Person or Entity					D	ate of Tran	nsaction
Street Address		City			Si	tate	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  ☐ Yes ☐ No  Section H. Addendum	Description						Event #
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate—if m	ore than one, Complete Sect.	ion H. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)	Exp	penditure Number	E. Control (Control (	with Referendum?		Amour	nt
		SUBTOTAL S	Section H —	This Page	0		
		TOTAL of addit	tional Section	n H Pages	0		
TOTAL OF ALL I	EXPENSES INCURREI (Enter total	ON COMMIT on Line 19, Column			0		

	age 1 Line 1)			-	TVDE OF	DEBORT	The second second	
NAME OF COMMITTEE (As reported on Pa Grow Connecticut, Inc.	age 1, Line 1)				TYPE OF	our Report		
			144 N 4 NT	. D . I D				
	penses Incurred b	y Comn	nittee but No	t Paid D	uring this P	eriod		
Name of Creditor							Date Incurre	sd
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 I. Addendum								
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidat	te—if more thai	n one, Complete Section	I. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (by code)		Expenditu	re Number		with Referendum?		Amour	it
Name of Creditor							Date Incurre	sd .
Street Address			City				State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete  Section I. Addendum	Description							Event #
Name of Candidate (only complete if Independent Expense)	diture is on behalf of ONE candidate	te—if more thai	one, Complete Section	I. Addendum)	Office Sought			Supported Opposed
Purpose of Expenditure (hy code)		Expenditu	re Number	Associated v	with Referendum?		Amour	
(n) round				The second secon			Amoun	
					es □ No		Amout	
Name of Creditor							Date Incurre	
Name of Creditor  Street Address			City					
	Description						Date Incurre	5d
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete		te—if more than	City	О			Date Incurre	zip Code
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section 1. Addendum			City	I. Addendum)  Associated v	es □ No		Date Incurre	Zip Code  Event #  Supported Opposed
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section I. Addendum  Name of Candidate (only complete if Independent Expendent Expenden			City n one, Complete Section re Number	I. Addendum)  Associated v	Office Sought	0	Date Incurre	Zip Code  Event #  Supported Opposed
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section I. Addendum  Name of Candidate (only complete if Independent Expendent Expenden			City n one, Complete Section re Number	I. Addendum)  Associated v	Office Sought  with Referendum?  ves \square No  I-This Page	0	Date Incurre	Zip Code  Event #  Supported Opposed
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete Section I. Addendum  Name of Candidate (only complete if Independent Expendent Expenden	diture is on behalf of ONE candidat	Expenditu	city n one, Complete Section re Number SUBTOTA TOTAL of add	Associated v  L Section  RIOD BUT	Office Sought  with Referendum?  Yes  No  I-This Page  ction I Pages		Date Incurre	Zip Code  Event #  Supported Opposed
Street Address  If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete  Yes No Section 1. Addendum  Name of Candidate (only complete if Independent Expenditure (by code)	RRED BY COMMITTICENTS	Expenditu	City  n one, Complete Section  re Number  SUBTOTA  TOTAL of add	Associated v  Associated v  L Section  Litional Section  RIOD BUTA of Summa	Office Sought  Office Sought  with Referendum?  Ves  No  I-This Page  ction I Pages  I NOT PAID  ary Page Totals)	0	Date Incurre	Zip Code  Event #  Supported Opposed

WANT OF COLD OFFICE	III. EAI	LIVIDI	TUKES	(Sections	G-J)				P	age 10 of 12
NAME OF COMMITTEE (As reported on I	Page 1, Line 1)				TY	PE OI	FREPORT			
Grow Connecticut, Inc.							our Report			
	ization of Reimburs	ements	to Commi	ittee Work	ers and	Con	nsultants	0 - 3 C - 7 C		
Last Name of Worker/Consultant		First					MI	Date of Payn	nent to	Vendor
Name of Vendor Paid by Committee Worker/Const	altant					Paym	nent to Reimburs	se Committee	Worke	r/Consultant as
						1	ted in Section G Check #		hit C	- FEET
Street Address of Vendor			City				CHECK II	State		rd EFT
								State	Lap	code
If an Independent Expenditure, is it on behalf of	I Description									
more than one candidate? If yes, complete	Description								Ever	nt#
☐ Yes ☐ No Section J. Addendum										
Name of Candidate (only complete if Independent Exper	nditure is on behalf of ONE candidate	⊢if more than	n one, Complete Sect	tion J. Addendum)	Office Soug	ght				
and the second second					-					☐ Supported ☐ Opposed
Purpose of Expenditure		Expenditu	re Number	Associated v	rith Defense	10		V		
(by code)			Trumber			Jum?		Amour	nt	
				ЦЧ	es 🗆 No					
Last Name of Worker/Consultant		First	velovil XX				MI	Date of Paym	ent to	Vendor
Name of Vendor Paid by Committee Worker/Consu	ltant			7	T	Paym	ent to Reimburs	e Committee V	Vorker	/Consultant as
						report	ted in Section G:			
Street Address of Vendor			City			П	Check #	-		rd 🗆 EFT
			City					State	Zip (	ode
If an Independent Expenditure, is it on behalf of more than one candidate? If yes, complete	Description					Tar.			Even	#
☐ Yes ☐ No Section J. Addendum										
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate-	-if more than	one, Complete Secti	on J. Addendum)	Office Soug	ht				
										☐ Supported ☐ Opposed
Purpose of Expenditure		Daniel Pr	X1 1	1						_ оррияси
(by code)		Expenditur	e Number	Associated w		um?		Amoun	t	
				□ Ye	es 🗆 No					
Last Name of Worker/Consultant		First			14/18/-		MI	Date of Payme	ent to \	/endor
Name of Vendor Paid by Committee Worker/Consu	ltant					Payme	ent to Reimburse	Committee V	Vorker	Consultant as
						report	ed in Section G:			
Street Address of Vendor			City				Check #	_ Del		
			City					State	Zip C	ode
If an Independent Expenditure, is it on behalf of more than one candidate?  If yes, complete	Description		THE PARTY						Even	#
☐ Yes ☐ No Section J. Addendum										
Name of Candidate (only complete if Independent Expen	diture is on behalf of ONE candidate-	if more than	one, Complete Secti	on J. Addendum)	Office Soug	ht	15000		T	
										☐ Supported ☐ Opposed
Purpose of Expenditure		-								Li Opposed
by code)		Expenditur	e Number	Associated w	ith Referend	um?		Amoun	t	
				□ Ye	es 🗆 No					
		CI	IDTOTALC		1 · n					
		50	UBTOTAL S	ection J — T	nis Page		0			
		TO	TAL of addit	ional Section	J Pages		0			
POTAL OF ALL DEVICES							-			
FOTAL OF ALL REIMBURSEM	ENT TO COMMITT	EE WO	KKERS AN	D CONSUI	LTANTS	8	0			
	The second secon	THE RESERVE AND ADDRESS OF THE PARTY NAMED IN								

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)  TYPE OF REPORT				
24 Hour Report				
losed in Communication				
unication made or obligated to be made or election, please report the five larges period prior to the applicable primary of	t aggregate			
Expenditure	Numbe 1,2,3,4,5,6,7,8,9,10, 11,			
Section G	1,2,3,4,5,6,7,8,9,10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 22, 23, 24			
State	Zip Code			
DC	20006			
	Amount			
\$5,482,46	7.00			
Expenditure	Number			
Section	Number			
	0001			
	Zip Code			
CI	06836			
	Amount			
\$25,000.00				
	Number			
Section G	2,12,13,18, 26, 27			
State	Zip Code			
со	80226			
The state of the s	Amount 0			
Section G	12, 13, 25, 26, 27			
State	Zip Code			
ОН	45069			
	Amount			
\$1,371,25	55.00			
Section	Number 27			
State	Zip Code			
DC	20004			
	Amount 00			
	unication made or obligated to be made or election, please report the five larges period prior to the applicable primary of the applicable primary o			

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

Page 12 of 12

NAME OF COMMITTEE (As reported on Page 1, Line 1)		
Grow Connecticut, Inc.	TYPE OF REPORT  24 Hour Report	
L. "Nesting Dolls" Provision for Top 5 Cont		
Name of Person Making Covered Transfer to Person Reported in Section K	Tibutions Disclosed in Communication	
Address of Person Making Covered Transfer—City (if known)		
	State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure N	lumber
	Section	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		
Table as reported in Section K	Expenditure No Section	umber ! 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 No	umber
	Section	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		
and of the state o	Expenditure Nu Section	mber 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 Nu	
	Section	Number
ame of Person Making Covered Transfer to Person Reported in Section K		
Address of Person Making Covered Transfer—City (if known)	State	7 in Code
	State	Zip Code
lame of Person Receiving Covered Transfer as Reported in Section K		
The state of the s	Expenditure Nui Section	mber Number
		1

## Section B. ADDITIONAL PAGE 13 of 13

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	City		State Zip Code
8913 Cincinnati-Dayton Rd.	West Chester		OH 45069
Principal Occupation (if applicable)  Name of Employer (if applicable)			
N/A N/A			
Source Type: Individual/Sole Proprietorship Committee X Other Type of Receipt: X Contribution Reimbursement for Shared Expense Bank Interest			
□ Bank □ Affiliated Business Entity □ Affiliated Organization □ Surplus Distribution □ Transfer from Affiliated Treasury □ Miscellaneous			
Is this contribution associated with an event reported in Section F?	☐ Cash X EFT ☐ Persona	l Check Aggregate Cont	ributions
event reported in Section F?  **If yes*, list Event #*  **Credit/Debit Ca			255.00
Is contributor a lobbyist, spouse,  Yes Is contributor a state contractor	r, prospective state contractor or principal	thereof?	Amount Received
or dependent child of a lobbyist? X No If yes, indicate which branc of government the contract is	h branch or branches v No		
Description (if applicable)	2 Entermite 2 English	Received	\$200,000.00
Contribution	10/30/2014		
Name			
Street Address	City		State Zip Code
Principal Occupation (if applicable)  Name of Employer (if applicable)			
Source Type:	Type of Receipt: Contribution	Reimbursement for Shar	red Expense Bank Interest
□ Bank □ Affiliated Business Entity □ Affiliated Organization □ Surplus Distribution □ Transfer from Affiliated Treasury □ Miscellaneous			
Is this contribution associated with an Yes Method of Receipt: Cash EFT Personal Check Aggregate Contributions			
event reported in Section F?		CHECK	
Is contributor a lobbyist, spouse, Yes Is contributor a state contractor	, prospective state contractor or principal t	thereof?  Yes	Amount Received
or dependent child of a lobbyist? \( \square\) No \( \begin{array}{c} \frac{\text{fyes}}{\text{indicate which branch or branches}} \) \( \square\) No			
Of government the contract is with: Executive Legislative  Description (if applicable)  Date Received			
	Date	Received	
av.	Internal Control of the Control of t	#200.00	0.00
SUBTOTAL Section B — This Page \$200,000.00			