

**SEEC FORM 40****Itemized Campaign Finance Disclosure Statement  
For Independent Expenditure Political Committees**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



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Page 1 of 13

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>BUILD CT</b>			
3. TREASURER NAME			
First	MI	Last	Suffix
<b>Claudia</b>		<b>Phillips</b>	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
<b>74 Alameda Pl</b>	<b>Bridgeport</b>	<b>CT</b>	<b>06610</b>
5. TYPE OF REPORT			
<b>24 Hour Independent Expenditure - Primary - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>07/01/2018</b>		<b>07/17/2018</b>	
thru			
7. CERTIFICATION			
<input checked="" type="checkbox"/> 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.			
<b>Electronic Filing</b>	<b>Claudia Phillips</b>	<b>07/18/2018 12:51:28PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>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.</b></p>			

**SEEC FORM 40**

Itemized Campaign Finance Disclosure Statement  
 For Independent Expenditure Political Committees  
 CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION  
 Revised May 2016

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
<b>BUILD CT</b>	<b>24 Hour Independent Expenditure - Primary - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</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		<b>\$0.00</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$10,576.10</b>	
10. Monetary Receipts (Section A and B)	<b>\$100,000.00</b>	<b>\$122,200.00</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$2,656.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$100,000.00</b>	<b>\$124,856.00</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$110,576.10</b>	<b>\$124,856.00</b>
14. Expenses Paid by Committee (Section G)	<b>\$0.00</b>	<b>\$14,279.90</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$110,576.10</b>	<b>\$110,576.10</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$2,656.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$2,656.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$2,657.77</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$3,420.58</b>	

**I. RECEIPTS (Section A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Origin

**A. Total Contributions from Small Individual Contributors-Received this Period ONLY**

Subtotal Section A

**\$0.00***(See instructions for definition of Small Individual Contributor)***B. Itemized Monetary Receipts**

Name Alice Walton				
Street Address PO Box 1860		City Bentonville	State AR	Zip Code 72712
Principal Occupation (if applicable) Executive		Name of Employer (if applicable) Wal-Mart		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	<input type="checkbox"/> EFT	Aggregate Receipts \$100,000.00	
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? <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		Amount Received	
Description (if applicable)			Date Received 07/16/2018	\$100,000.00
<b>Total of Section B</b>				<b>\$100,000.00</b>
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>				<b>\$100,000.00</b>

**I. RECEIPTS (Section A-E)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original

**C. Loans Received this Period**

Name of Lender	Source of Loan: Bank    Individual    Committee    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		
<b>Total of Section C</b>					

<b>I. RECEIPTS (Sections A-E)</b>	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original
<b>D. In-Kind Contributions</b>	

Name				
Street Address		City	State	Zip Code
Type of Contributor:	Individual / Sole Proprietorship	Committee	Date Received	Aggregate Receipts
	Other	Affiliated Business Entity	Affiliated Organization	
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes 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:	Yes No	Fair Market Value of this Contribution
		Executive	Legislative	
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution		
If yes, list Event#				

<b>Total of Section D</b>
---------------------------

<b>I. Receipts (Sections A - E)</b>	
NAME OF COMMITTEE	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original
<b>E. Refundable Deposit to Telephone Company</b>	

Last Name of Individual		First Name		MI	Date Deposit Made
Residential Street Address		City	State	Zip Code	Amount of Deposit
Name of Telephone company					
Street Address		City	State	Zip Code	

<b>Total of Section E</b>
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## II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original

### F. Event Information

Event # Date of Event	Letter	Description	Was this a fundraising event?	
			Yes	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
BUILD CT	24 Hour Independent Expenditure - Primary - Original

### G. Expenses Paid By Committee

Name of Payee		Date of Payment	Method of Payment	
			Check #	EFT
		Debit Card		
Street Address		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one candidate?  Yes                      No		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum)		Event #
If yes, complete Section G. Addendum				
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)			Office Sought	Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum  Yes                      No	Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code)	Expenditure Number		Amount
		Section G	Number	
Associated with Referendum?  Yes                      No				
Is this expenditure payment for an expense previously reported as an expense incurred in Section I  Yes                      No	If yes, what is the expenditure number of the expense previously incurred?	Expenditure Number		Final or Full Payment  Partial with Balance Owing
		Section I	Number	

**Total of Section G**

<b>III. EXPENDITURES (Sections G - J)</b>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Original	
<b>H. Expenses Incurred on Committee Credit Card</b>					
Name of Issuing Institution			Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Visa</span> <span>Master Card</span> <span>Discover</span> <span>American Express</span> </div> 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? Yes                      No                      If yes, complete Section H. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section H. Addendum)		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		Supported  Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section H. Addendum  Yes                      No	Purpose of Expenditure (by code)	Expenditure Number Section                      Number  H		Associated with Referendum?  Yes                      No	Amount
<b>Total of Section H</b>					

### III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description			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
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Purpose of Expenditure (by code)	Expenditure Number Section    Number I            297336		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$1,492.00
Name of Creditor Executive Office Services				Date Incurred 07/17/2018	
Street Address 2085 Madison Ave		City Bridgeport		State CT	Zip Code 06606
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If yes, complete Section I. Addendum		Description Printing doorhangers			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) Dennis Bradley			Office Sought State Senator		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) PRNT	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$989.06

### III. EXPENDITURES (Sections G - J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
BUILD CT				24 Hour Independent Expenditure - Primary - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>					
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description Mailbox rental		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
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) RMB	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$150.00
Name of Creditor RSA Strategies LLC				Date Incurred 07/17/2018	
Street Address PO Box 282		City New York		State NY	Zip Code 10008-0282
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete Section I. Addendum		Description Reimbursement for UPS mailing		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
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) RMB	Expenditure Number Section    Number I		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$26.71
<b>Total of Section I</b>				<b>\$2,657.77</b>	



**III. EXPENDITURES (Sections G - J)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original

**J. Itemization of Reimbursements and Secondary Payees**

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
		Check #	Debit Card	EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
If an Independent Expenditure, is it on behalf of more than one Candidate? Yes      No      If yes, complete Section J. Addendum	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	Supported  Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum Yes      No	Purpose of Expenditure (by code)	Expenditure Number Section      Number J	Associated with Referendum? Yes      No	Amount
<b>Total of Section J</b>				

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original

**K. Five Largest Contributions Disclosed in Communication**

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	Amount	

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
BUILD CT		24 Hour Independent Expenditure - Primary - Original
<b>L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication</b>		

Name of Person Receiving Covered Transfer as Reported in Section K	Expenditure Number 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

**Section G. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT
<b>G. Expenses Paid By Committee - Addendum</b>		
<b>Expenditure Number as reported in Section G</b> <b>G</b>	<b>Total Amount of the Expenditure</b>	

Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

**Section H. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**H. Expenses Incurred on Committee Credit Card - Addendum**

<b>Expenditure Number as reported in Section H</b>  <b>H</b>	<b>Total Amount of Expenditure</b>
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Description	Expenditure Code
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Name of Candidate	Office Sought (if applicable)	Supported  Opposed	Amount Allocated
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### Section I. ADDENDUM

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
BUILD CT	24 Hour Independent Expenditure - Primary - Original

#### I. Expenses Incurred by Committee but Not Paid During this Period - Addendum

Expenditure Number as reported in Section I	Total Amount of the Expenditure
<b>I</b>	<b>\$1,492.00</b>
<b>297336</b>	

Description	Expenditure Code
Design mailers	A-DM
Name of Candidate	Office Sought (if applicable)
Dennis Bradley	State Senator
<input checked="" type="checkbox"/> Supported	Amount Allocated
<input type="checkbox"/> Opposed	\$169

Description	Expenditure Code
Design doorhangers	A-OTH
Name of Candidate	Office Sought (if applicable)
Dennis Bradley	State Senator
<input checked="" type="checkbox"/> Supported	Amount Allocated
<input type="checkbox"/> Opposed	\$169

Description	Expenditure Code
Strategy consulting	CNSLT
Name of Candidate	Office Sought (if applicable)
Dennis Bradley	State Senator
<input checked="" type="checkbox"/> Supported	Amount Allocated
<input type="checkbox"/> Opposed	\$201

Description	Expenditure Code
Administrative assistance	CNSLT
Name of Candidate	Office Sought (if applicable)
<input type="checkbox"/> Supported	Amount Allocated
<input type="checkbox"/> Opposed	\$416

Description	Expenditure Code
Designed doorhangers	A-OTH
Name of Candidate	Office Sought (if applicable)
Brandon McGee	State Representative
<input checked="" type="checkbox"/> Supported	Amount Allocated
<input type="checkbox"/> Opposed	\$169

Description	Expenditure Code		
Designed direct mail	A-DM		

Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported	Amount Allocated
Brandon McGee	State Representative	<input type="checkbox"/> Opposed	\$169

Description	Expenditure Code		
Strategy consulting	CNSLT		

Name of Candidate	Office Sought (if applicable)	<input checked="" type="checkbox"/> Supported	Amount Allocated
Brandon McGee	State Representative	<input type="checkbox"/> Opposed	\$199

**Section J. ADDENDUM**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT

**J. Itemization of Reimbursements and Secondary Payees - Addendum**

<b>Expenditure Number as reported in Section J</b>	<b>Total Amount of the Expenditure</b>
<b>J</b>	

Description	Expenditure Code		

Name of Candidate	Office Sought (if applicable)	Supported	Amount Allocated
		Opposed	