

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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised May 2016



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 15

COVER PAGE

| | | | |
|---|----------------------|-----------------------------|-------------------|
| 1. NAME OF COMMITTEE | | 2. ELECTION/REFERENDUM DATE | |
| REALTORS for Connecticut | | | |
| 3. TREASURER NAME | | | |
| First | MI | Last | Suffix |
| Cynthia | | Butts | |
| 4. TREASURER ADDRESS | | | |
| Street Address | City | State | Zip Code |
| 17 Bridlewood Rd | South Windsor | CT | 06074-2513 |
| 5. TYPE OF REPORT | | | |
| 24 Hour Independent Expenditure General Election 3 - Amendment | | | |
| 6. PERIOD COVERED | | | |
| Beginning Date | | Ending Date | |
| 10/16/2018 | | 10/18/2018 | |
| 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 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. | | | |
| Electronic Filing | Cynthia Butts | 10/18/2018 6:09:51PM | |
| TREASURER OR DEPUTY TREASURER (SIGNATURE) | PRINT NAME OF SIGNER | DATE CERTIFIED (mm/dd/yyyy) | |
| <p>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.</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 | |
|--|---|------------------------------|
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment | |
| | 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 | | \$0.00 |
| 9. Balance on hand at the beginning of Reporting Period | \$549,420.45 | |
| 10. Monetary Receipts (Section A and B) | \$0.00 | \$604,420.45 |
| 11. Loans (Section C) | \$0.00 | \$0.00 |
| 12. Total Monetary Receipts (add totals for lines 10 through 11) | \$0.00 | \$604,420.45 |
| 13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B) | \$549,420.45 | \$604,420.45 |
| 14. Expenses Paid by Committee (Section G) | \$545,000.00 | \$600,000.00 |
| 15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum | \$4,420.45 | \$4,420.45 |
| 16. In-Kind Contributions Received (Section D) | \$521.36 | \$2,018.47 |
| 17. Refundable Deposit to Telephone Company (Section E) | \$0.00 | \$0.00 |
| 18. Beginning Loan Balance | \$0.00 | |
| 18a. + Loans Received (Section C) | \$0.00 | \$0.00 |
| 18b. + Interest and Penalties on Loan | \$0.00 | \$0.00 |
| 18c. - Payments on Loan | \$0.00 | \$0.00 |
| 18d. Total Outstanding Loan Amount | \$0.00 | |
| 19. Expenses Incurred on Committee Credit Card (Section H) | \$0.00 | \$0.00 |
| 20. Expenses Incurred by Committee During this Period but Not Paid (Section I) | \$0.00 | |
| 20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I) | \$0.00 | |

I. RECEIPTS (Section A-E)

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

| | |
|--|---------------------------|
| A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i> | Subtotal Section A |
|--|---------------------------|

B. Itemized Monetary Receipts

| | | | | | | | | |
|---|--------------------------------|---|-------------------------|----------------------------------|-------------------|----------------------------------|---------------------------------------|--------------------|
| Name | | | | | | | | |
| Street Address | | | City | | State | Zip Code | | |
| Principal Occupation (if applicable) | | | | Name of Employer (if applicable) | | | | |
| Source Type : | Individual/Sole Proprietorship | Committee | Other | Type of Receipt : | Contribution | Reimbursement for Shared Expense | | |
| | Bank | Affiliated Business Entity | Affiliated Organization | | Bank Interest | Surplus Distribution | Contribution from Affiliated Treasury | |
| | | | | | Miscellaneous | | | |
| Is this receipt associated with an event reported in Section F? | Yes | Method of Receipt | | | Cash | Check | EFT | Aggregate Receipts |
| If yes, list Event # | No | Credit/Debit Card | | | Payroll Deduction | Money Order | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | Yes | Is contributor a state contractor, prospective state contractor or principal thereof? | | | | Yes | No | Amount Received |
| | No | If yes, indicate which branch or branches of government the contract is with: | | | | Executive | Legislative | |
| Description (if applicable) | | | | | | Date Received | | |
| | | | | | | | Total of Section B | |
| TOTAL OF ALL RECEIPTS (Sections A & B) <i>(Total on Line 10 of Summary Page)</i> | | | | | | | | |

I. RECEIPTS (Section A-E)

| | |
|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |

C. Loans Received this Period

| | | | | | | | | |
|--|--|-----------------|------------|-----------|----------|--|---------------------------|--|
| Name of Lender | | Source of Loan: | | | | Date of Receipt | | |
| | | Bank | Individual | Committee | Other | | | |
| 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 | | | |
| | | | | | | | Total of Section C | |

I. RECEIPTS (Sections A-E)

| | |
|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |

D. In-Kind Contributions

| | | | |
|---|--|---|--------------------------|
| Name Connecticut Association of REALTORS, Inc. | | | |
| Street Address 111 Founders Plz Ste 1101 | City East Hartford | State CT | Zip Code 06108 |
| Type of Contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input checked="" type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization | Date Received 10/17/2018 | Aggregate Receipts \$606,302.46 | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input 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 | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event# | Description of In-Kind Contribution Administrative support | | \$384.90 |

| | | | |
|---|--|---|--------------------------|
| Name Connecticut Association of REALTORS, Inc. | | | |
| Street Address 111 Founders Plz Ste 1101 | City East Hartford | State CT | Zip Code 06108 |
| Type of Contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input checked="" type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization | Date Received 10/18/2018 | Aggregate Receipts \$606,438.92 | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input 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 | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event# | Description of In-Kind Contribution Administrative Support | | \$136.46 |

I. RECEIPTS (Sections A-E)

| | |
|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |
| D. In-Kind Contributions | |

| | | | |
|---|--|---|------------------------------|
| Name Connecticut Association of REALTORS, Inc. | | | |
| Street Address 111 Founders Plz Ste 1101 | City East Hartford | State CT | Zip Code 06108 |
| Type of Contributor: <input type="checkbox"/> Individual / Sole Proprietorship <input type="checkbox"/> Committee <input type="checkbox"/> Other <input checked="" type="checkbox"/> Affiliated Business Entity <input type="checkbox"/> Affiliated Organization | Date Received 10/18/2018 | Aggregate Receipts \$606,823.82 | |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input 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 | Fair Market Value of this Contribution | |
| Is this contribution associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event# | Description of In-Kind Contribution Administrative support | | \$384.90 |

Total of Section D**\$521.36****I. Receipts (Sections A - E)**

| | |
|---|--|
| NAME OF COMMITTEE | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |
| E. Refundable Deposit to Telephone Company | |

| | | | |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual | First Name | MI | Date Deposit Made |
| Residential Street Address | City | State | Zip Code |
| Name of Telephone company | | | |
| Street Address | City | State | Zip Code |
| Total of Section E | | | |

II. EVENT ACTIVITY (Sections F)

| | |
|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |
| 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 |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amen |

G. Expenses Paid By Committee

| | | | | | |
|---|--|--|--|--|---|
| Name of Payee CloudCommerce, Inc. | | Date of Payment 10/18/2018 | | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 321 6th St | | City San Antonio | | State TX | Zip Code 78215 |
| 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 G. Addendum | | Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) | | | Event # |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Bob Stefanowski | | | Office Sought Governor | | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed |
| Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT | Expenditure Number Section Number G 325615 | Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount \$25,000.00 |
| Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Expenditure Number Section Number I 325574 | If yes, what is the expenditure number of the expense previously incurred? | <input checked="" type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing | | |
| Name of Payee CloudCommerce, Inc. | | Date of Payment 10/18/2018 | | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 321 6th St | | City San Antonio | | State TX | Zip Code 78215 |
| 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 G. Addendum | | Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Modeling/Segmentation | | | Event # |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Bob Stefanowski | | | Office Sought Governor | | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed |
| Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) CNSLT | Expenditure Number Section Number G | Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Amount \$90,000.00 |
| Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure Number Section Number I | If yes, what is the expenditure number of the expense previously incurred? | <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing | | |

III. EXPENDITURES (Sections G - J)

| | |
|---|---|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amen |

G. Expenses Paid By Committee

| | | | | |
|---|--|---|--|---|
| Name of Payee CloudCommerce, Inc. | | Date of Payment 10/18/2018 | Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT | |
| Street Address 321 6th St | | City San Antonio | | State TX |
| | | | | Zip Code 78215 |
| 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 G. Addendum | | Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Media Buys | | Event # |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Bob Stefanowski | | | Office Sought Governor | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed |
| Does Expenditure have more than one expenditure code? IF yes, complete Section G. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Purpose of Expenditure (by code) (only complete if Independent Expenditure has ONE Expenditure Code) A-WEB | Expenditure Number Section Number G | Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount \$430,000.00 |
| Is this expenditure payment for an expense previously reported as an expense incurred in Section I <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Expenditure Number Section Number I | | <input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing | |
| Total of Section G | | | | \$545,000.00 |

| III. EXPENDITURES (Sections G - J) | | | | | |
|---|----------------------------------|--|--|---|--------------------------|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | | | | TYPE OF REPORT | |
| REALTORS for Connecticut | | | | 24 Hour Independent Expenditure General Election 3 - Amendment | |
| H. Expenses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Institution | | | Type of Credit Card: Visa Master Card Discover American Express 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 |
| Total of Section H | | | | | |

III. EXPENDITURES (Sections G - J)

| | | | | |
|---|----------------------------------|--|--|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | | TYPE OF REPORT | | |
| REALTORS for Connecticut | | 24 Hour Independent Expenditure General Election 3 - Amendment | | |
| I. Expenses Incurred By Committee but Not Paid During this Period | | | | |
| Name of Creditor CloudCommerce, Inc. | | | Date Incurred 10/17/2018 | |
| Street Address 321 6th St | | City San Antonio | State TX | Zip Code 78215 |
| 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 | | Event # |
| Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section I. Addendum) Bob Stefanowski | | Office Sought Governor | <input checked="" 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 -325582 | Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Amount \$520,000.00 |
| Total of Section I | | | | \$0.00 |

| IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L) | |
|--|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |
| K. Five Largest Contributions Disclosed in Communication | |

| | |
|---|--|
| Source of Contribution - Name of Person Making Contribution Connecticut Association of REALTORS, Inc. | Expenditure Number Section Number |
| Address of Person Making Contribution - City 111 Founders Plz Ste 1101 East Hartford | State Zip Code CT 06108 |
| Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Cynthia Butts | Amount \$606,302.46 |
| Source of Contribution - Name of Person Making Contribution Connecticut Association of REALTORS, Inc. | Expenditure Number Section Number |
| Address of Person Making Contribution - City 111 Founders Plz Ste 1101 East Hartford | State Zip Code CT 06108 |
| Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Cynthia Butts | Amount \$606,438.92 |

| IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L) | |
|---|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT |
| REALTORS for Connecticut | 24 Hour Independent Expenditure General Election 3 - Amendment |
| L. "Nesting Dolls" Provision for Top 5 Contributions Disclosed in Communication | |

| | |
|--|--|
| 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 | |
| REALTORS for Connecticut | | 24 Hour Independent Expenditure General Election 3 - Amendment | |
| G. Expenses Paid By Committee - Addendum | | | |
| Expenditure Number as reported in Section G | | Total Amount of the Expenditure | |
| G | 325615 | \$25,000.00 | |

| | | | |
|------------------------|-------------------------------|---|--------------------|
| Description | | | Expenditure Code |
| Landing Page | | | WEB |
| Name of Candidate | Office Sought (if applicable) | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount Allocated |
| Bob Stefanowski | Governor | | \$10,000.00 |
| Description | | | Expenditure Code |
| Creative Ads | | | A-WEB |
| Name of Candidate | Office Sought (if applicable) | <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed | Amount Allocated |
| Bob Stefanowski | Governor | | \$15,000.00 |

Section H. ADDENDUM

| | | | |
|---|--|------------------------------------|--|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | | TYPE OF REPORT | |
| | | | |
| H. Expenses Incurred on Committee Credit Card - Addendum | | | |
| Expenditure Number as reported in Section H | | Total Amount of Expenditure | |
| H | | | |

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

| Section J. ADDENDUM | | | |
|---|---------------------------------|----------------------|------------------|
| NAME OF COMMITTEE (As reported on Page 1, Line 1) | TYPE OF REPORT | | |
| | | | |
| J. Itemization of Reimbursements and Secondary Payees - Addendum | | | |
| Expenditure Number as reported in Section J J | Total Amount of the Expenditure | | |
| Description | Expenditure Code | | |
| Name of Candidate | Office Sought (if applicable) | Supported Opposed | Amount Allocated |