

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	
Connecticut Values			
3. TREASURER NAME			
First Arnold	MI F	Last Skretta	Suffix
4. TREASURER ADDRESS			
Street Address 313 S Union St	City Guilford	State CT	Zip Code 06437
5. TYPE OF REPORT			
24 Hour Independent Expenditure General Election 4 - Original			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/24/2018		thru 10/25/2018	
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	Arnold Skretta	10/26/2018 10:50:03PM	
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	
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original	
	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	\$115,338.97	
10. Monetary Receipts (Section A and B)	\$0.00	\$370,000.00
11. Loans (Section C)	\$0.00	\$0.00
12. Total Monetary Receipts (add totals for lines 10 through 11)	\$0.00	\$370,000.00
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	\$115,338.97	\$370,000.00
14. Expenses Paid by Committee (Section G)	\$51,848.84	\$306,509.87
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both column)	\$63,490.13	\$63,490.13
16. In-Kind Contributions Received (Section D)	\$0.00	\$0.00
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)	\$111,899.04	

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
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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
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original

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)							
Street Address		City		State	Zip Code		Amount Received
Total of Section C							

I. RECEIPTS (Sections A-E)	
NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original
D. In-Kind Contributions	

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#				

Total of Section D

I. Receipts (Sections A - E)	
NAME OF COMMITTEE	TYPE OF REPORT
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original
E. Refundable Deposit to Telephone Company	

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	

Total of Section E

II. EVENT ACTIVITY (Sections F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut Values	24 Hour Independent Expenditure General Election 4 - 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	
Connecticut Values		24 Hour Independent Expenditure General Election 4 - Origin	
G. Expenses Paid By Committee			
Name of Payee People's United Bank		Date of Payment 10/24/2018	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 850 Main St		City Bridgeport	State CT Zip Code 06604
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 G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Bank Fees	
Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)		Office Sought <input type="checkbox"/> Supported <input 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) BNK	Expenditure Number Section Number G	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$46.97			
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	
Name of Payee Deliver Strategies		Date of Payment 10/25/2018	Method of Payment <input checked="" type="checkbox"/> Check # 1001 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4301 N Fairfax Dr Ste 550		City Arlington	State VA Zip Code 22203
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 G. Addendum		Description (only complete if Independent Expenditure has ONE Expenditure Code - if more than one, Complete Section G. Addendum) Direct Mail - Design, Printing and Postage	
Event #			
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum)		Office Sought <input type="checkbox"/> Supported <input 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-DM	Expenditure Number Section Number G 328781	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount \$51,801.87			
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		\$51,848.84	

III. EXPENDITURES (Sections G - J)					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Values				24 Hour Independent Expenditure General Election 4 - Original	
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	
Connecticut Values			24 Hour Independent Expenditure General Election 4 - Original	
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? Yes 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	Supported Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section I. Addendum Yes No	Purpose of Expenditure (by code)	Expenditure Number Section Number I		Associated with Referendum? Yes No
Total of Section I				

IV. DISCLOSURE IN COMMUNICATIONS (Sections K - L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original

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
Connecticut Values	24 Hour Independent Expenditure General Election 4 - Original
G. Expenses Paid By Committee - Addendum	
Expenditure Number as reported in Section G	Total Amount of the Expenditure
G	\$51,801.87
328781	

Description			Expenditure Code
Direct Mail - Design, Printing & Postage			A-DM
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Bob Stefanowski	Governor	<input checked="" type="checkbox"/> Opposed	\$23,310.85

Description			Expenditure Code
Direct Mail - Design, Printing & Postage			A-DM
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Adam Greenberg	State Senator	<input checked="" type="checkbox"/> Opposed	\$6,377.14

Description			Expenditure Code
Direct Mail - Design, Printing & Postage			A-DM
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Len Suzio	State Senator	<input checked="" type="checkbox"/> Opposed	\$5,377.62

Description			Expenditure Code
Direct Mail - Design, Printing & Postage			A-DM
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Pam Staneski	State Senator	<input checked="" type="checkbox"/> Opposed	\$5,670.24

Description			Expenditure Code
Direct Mail - Design, Printing & Postage			A-DM
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
George Logan	State Senator	<input checked="" type="checkbox"/> Opposed	\$5,681.14

Description Direct Mail - Design, Printing & Postage		Expenditure Code A-DM	
Name of Candidate Michael McLachlan	Office Sought (if applicable) State Senator	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	Amount Allocated \$5,384.88

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 I. ADDENDUM			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
I. Expenses Incurred by Committee but Not Paid During this Period - Addendum			
Expenditure Number as reported in Section I I	Total Amount of the Expenditure		
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