



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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10/11/2014 9:31 AM

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COVER PAGE

1. NAME OF COMMITTEE	2. ELECTION/REFERENDUM DATE
Connecticut Forward	11/04/14

3. TREASURER NAME			
First Michael	MI J	Last Belmont	Suffix

4. TREASURER ADDRESS			
Street Address 174 Wright Pond Rd	City Canterbury	State CT	Zip Code 06331

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			_____


24 Hour Independent Expenditure
 Primary Election

6. PERIOD COVERED

Beginning Date		Ending Date
<u>10/10/14</u>	thru	<u>10/11/14</u>

7. CERTIFICATION

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.

 TREASURER OR DEPUTY TREASURER (SIGNATURE)	<u>MICHAEL BELMONT</u> PRINT NAME OF SIGNER	<u>10/11/14</u> DATE (mm/dd/yyyy)
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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.

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	
Connecticut Forward	24 Hour	
	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	40,475.42	
10. Monetary Receipts (Sections A and B)	0	3,460,000
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	0	3,460,000
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	40,475.42	3,460,000
14. Expenses Paid by Committee (Section G)	0	3,414,142.09
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	40,475.42	40,475.42
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)	\$18,970.63	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	\$63,386.23	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT			
Connecticut Forward				24 Hour			
A. Total Contributions from Small Individual Contributors-Received this Period ONLY <i>(See instructions for definition of Small Individual Contributor)</i>				SUBTOTAL SECTION A			
				\$ 0			
B. Itemized Monetary Receipts							
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? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		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? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Amount Received	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description (if applicable)				Date Received			
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? <i>If yes, list Event #</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No		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? <i>If yes, indicate which branch or branches of government the contract is with:</i>		Amount Received	
				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description (if applicable)				Date Received			
SUBTOTAL Section B — This Page				0			
TOTAL of additional Section B Pages				0			
TOTAL OF ALL RECEIPTS (Sections A + B) <i>(Enter total on Line 10, 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	
Connecticut Forward				24 Hour	
C. Loans Received this Period					
Name of Lender			Source of Loan: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
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: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
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: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
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: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
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: <input type="checkbox"/> Bank <input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other		Date of Receipt
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 <i>(As reported on Page 1, Line 1)</i> <u>Connecticut Forward</u>	TYPE OF REPORT <u>24 hour</u>
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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		

SUBTOTAL Section D — This Page	0
TOTAL of additional Section D Pages	0
TOTAL OF ALL IN-KIND CONTRIBUTIONS <i>(Enter total on Line 16, Column A of Summary Page Totals)</i>	0

E. Refundable Deposit to Telephone Company

Last Name of Individual		First	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 SECTION E <i>(Enter total on Line 17, Column A of Summary Page Totals)</i>	0
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II. EVENT ACTIVITY (Section F)

NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
Connecticut Forward			24 Hour	
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 <i>(As reported on Page 1, Line 1)</i>				TYPE OF REPORT	
Connecticut Forward				24 Hour	
G. Expenses Paid by Committee					
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 G. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 G. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 G. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
Name of Payee			Date of Payment	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT	
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 G. Addendum</i>		Description			Event #
Name of Candidate <i>(only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G. Addendum)</i>			Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure <i>(by code)</i>		Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	
SUBTOTAL Section G— This Page				0	
TOTAL of additional Section G Pages				0	
TOTAL OF ALL EXPENSES PAID BY COMMITTEE <i>(Enter total on Line 14, 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	
Connecticut Forward					24 Hour	
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	
Connecticut Forward		24 Hour	
I. Expenses Incurred by Committee but Not Paid During this Period			
Name of Creditor		Date Incurred	
Perkins Coie		10/10/14	
Street Address	City	State	Zip Code
1201 Third Ave, Suite 4900	Seattle	WA	98101
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 I. Addendum</i>	Description		Event #
	Legal Fees		
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 checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Dannel Malloy		Governor	
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
CNSLT	0040	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ 18,970.63
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 <i>If yes, complete Section I. Addendum</i>	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
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 <i>If yes, complete Section I. Addendum</i>	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
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUBTOTAL Section I-This Page		\$18,970.63	
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>		\$18,970.63	
Previously reported Expenses Unpaid and still Outstanding		\$44,415.60	
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>		\$ 63,386.23	

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Connecticut Forward				TYPE OF REPORT 24 Hour	
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	
Connecticut Forward		24 Hour	
K. Five Largest Contributions Disclosed in Communication			
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.			
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	
Source of Contribution—Name of Person Making Contribution		Expenditure Number <small>Section Number</small>	
Address of Person Making Contribution—City		State	Zip Code
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution		Amount	

See Additional Page(s)

IV. DISCLOSURE IN COMMUNICATIONS (Sections K—L)

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
Connecticut Forward		24 Hour	
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 (if known)		State	Zip Code
Name of Person Receiving Covered Transfer as Reported in Section K		Expenditure Number <i>Section</i>	<i>Number</i>
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 Number <i>Section</i>	<i>Number</i>
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 Number <i>Section</i>	<i>Number</i>
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 Number <i>Section</i>	<i>Number</i>
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 Number <i>Section</i>	<i>Number</i>
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 Number <i>Section</i>	<i>Number</i>

See Additional Page(s)