



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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COVER PAGE

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
Connecticut Forward		11/04/2014	
3. TREASURER NAME			
First	MI	Last	Suffix
Michael	J	Belmont	
4. TREASURER ADDRESS			
Street Address	City	State	Zip Code
174 Wright Pond Rd	Canterbury	CT	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			
<input checked="" type="checkbox"/> 24 Hour Independent Expenditure <input type="radio"/> Primary <input checked="" type="radio"/> Election			
6. PERIOD COVERED			
Beginning Date		Ending Date	
10/16/2014		thru 10/17/2014	
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)		MICHAEL BELMONT PRINT NAME OF SIGNER	
		10/17/2014 DATE (mm/dd/yyyy)	
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	
<i>Connecticut Forward</i>	<i>24 Hour</i>	
	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	7,373.33	
10. Monetary Receipts (Sections A and B)	550,000.00	4,160,000
11. Loans (Sections C)	0	0
12. Total Monetary Receipts (add totals for Lines 10 through 11)	550,000.00	4,160,000
13. Subtotals (add totals in Line 9 + 12 in Column A; and in Line 8 + 12 in Column B)	557,373.33	4,160,000
14. Expenses Paid by Committee (Section G)	528,285.00	4,130,911.67
15. Balance on hand at close of Reporting Period (Subtract Line 14 from Line 13 in both Columns)	29,088.33	29,088.33
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)	325,404.57	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	395,290.80	

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 (See instructions for definition of Small Individual Contributor)		SUBTOTAL SECTION A	
		\$ 0	
B. Itemized Monetary Receipts			
Name Democratic Governors Association			
Street Address 1401 K St NW Suite 200		City Washington	State DC
		Zip Code 20005	
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 checked="" type="checkbox"/> Affiliated Organization		Type of Receipt: <input checked="" 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? If yes, list Event #		Method of Receipt: <input type="checkbox"/> Cash <input checked="" 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 \$2,250,000.00
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? 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) Contribution		Date Received 10/17/2014	\$550,000.00
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? If yes, list Event #		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? 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	
SUBTOTAL Section B — This Page		550,000.00	
TOTAL of additional Section B Pages		0	
TOTAL OF ALL RECEIPTS (Sections A + B) (Enter total on Line 10, Column A of Summary Page Totals)		550,000.00	

I. RECEIPTS (Sections A—E)

NAME OF COMMITTEE (As reported on Page 1, Line 1) Connecticut Forward				TYPE OF REPORT 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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					Amount Received
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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					Amount Received
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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					Amount Received
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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					Amount Received
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
Name of Cosigner/Guarantor (if applicable)					Is there a Cosigner or Guarantor of this loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address					Amount Received
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 (As reported on Page 1, Line 1)				TYPE OF REPORT			
Connecticut Forward				24 Hour			
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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				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: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative</i>				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 (Enter total on Line 16, Column A of Summary Page Totals)							
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	Amount of Deposit
TOTAL SECTION E (Enter total on Line 17, Column A of Summary Page Totals)							
0							

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 (As reported on Page 1, Line 1)		TYPE OF REPORT	
Connecticut Forward		24 Hour	
G. Expenses Paid by Committee			
Name of Payee Great American Media		Date of Payment 10/16/2014	Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT
Street Address 3050 K St NW Suite 100		City Washington	State DC Zip Code 20007
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 G, Addendum</i>	Description Media Buy		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G, Addendum) Tom Foley		Office Sought Governor	<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Purpose of Expenditure (by code) A-TV	Expenditure Number 0043	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$504,285.00
Name of Payee Normington Petts and Associates		Date of Payment 10/17/2014	Method of Payment: <input checked="" type="checkbox"/> Check # 1032 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 1050 17th St NW Suite 444		City Washington	State DC Zip Code 20036
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 Polling Services		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section G, Addendum) Dannel Malloy		Office Sought Governor	<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed
Purpose of Expenditure (by code) CNSLT	Expenditure Number 0049	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount \$24,000.00
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 (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
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
SUBTOTAL Section G— This Page			528,285.00
TOTAL of additional Section G Pages			0
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 14, Column A of Summary Page Totals)			528,285.00

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	
Shorr Johnson Magnus Strategic Media		10/16/2014	
Street Address		City	State Zip Code
100 N 20th St Suite 201		Philadelphia	PA 19103
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	
		Media Production	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)		Office Sought	
Tom Foley		Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-TV	0044	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$10,885.89
Name of Creditor		Date Incurred	
Gumbinner Davies and Simpson Communications		10/17/2014	
Street Address		City	State Zip Code
2001 S St NW Suite 301		Washington	DC 20009
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	
		Direct Mail Services	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)		Office Sought	
Tom Foley		Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-DM	0045	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$92,472.30
Name of Creditor		Date Incurred	
Rising Tide Interactive LLC		10/17/2014	
Street Address		City	State Zip Code
901 New York Ave NW Ste 407E		Washington	DC 20001
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	
		Digital Advertising	
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate—if more than one, Complete Section I, Addendum)		Office Sought	
Tom Foley		Governor	
		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed	
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum?	Amount
A-WEB	0046	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$164,751.38
SUBTOTAL Section I-This Page			\$268,109.57
TOTAL of additional Section I Pages			\$61,295.00
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>			\$329,404.57
Previously reported Expenses Unpaid and still Outstanding			\$65,886.23
TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID <i>(Enter total on Line 20a, Column A of Summary Page Totals)</i>			\$395,290.80

Section I. ADDITIONAL PAGE ____ of ____

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	
Shorr Johnson and Magnus Strategic Media		10/17/2014	
Street Address	City	State	Zip Code
100 N 20th St Suite 201	Philadelphia	PA	19103
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, complete Section I. Addendum</small>	Description	Event #	
	Media Production		
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 checked="" type="checkbox"/> Opposed
Tom Foley		Governor	
Purpose of Expenditure (by code)	Expenditure Number	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
A-TV	0047		\$37,295.00
Name of Creditor		Date Incurred	
Normington Potts and Associates		10/17/2014	
Street Address	City	State	Zip Code
1050 17th St NW Suite 444	Washington	DC	20036
If an Independent Expenditure, is it on behalf of more than one candidate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>If yes, complete Section I. Addendum</small>	Description	Event #	
	Polling Services		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount
CNSLT	0048		\$24,000.00
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 <small>If yes, complete Section I. Addendum</small>	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount
			\$
SUBTOTAL Section I-This Page			61,295.00

III. EXPENDITURES (Sections G—J)

NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
Connecticut Forward				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					
TOTAL of additional Section J Pages					
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS					

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 Section Number
Democratic Governors Association	
Address of Person Making Contribution—City	State Zip Code
1401 K St NW Suite 200 Washington	DC 20005
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount
Benjamin Metcalf	\$2,250,000.00
Source of Contribution—Name of Person Making Contribution	Expenditure Number Section Number
American Federation of State County and Municipal Employees	
Address of Person Making Contribution—City	State Zip Code
1625 L St NW Washington	DC 20036
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount
Laura Reyes	\$900,000.00
Source of Contribution—Name of Person Making Contribution	Expenditure Number Section Number
AFT Solidarity	
Address of Person Making Contribution—City	State Zip Code
555 New Jersey Ave NW Washington	DC 20001
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount
Loretta Johnson	\$500,000.00
Source of Contribution—Name of Person Making Contribution	Expenditure Number Section Number
Service Employees International Union COPE	
Address of Person Making Contribution—City	State Zip Code
1800 Massachusetts Ave NW Washington	DC 20036
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount
Michael Fishman	\$500,000.00
Source of Contribution—Name of Person Making Contribution	Expenditure Number Section Number
Teamsters Local 1150	
Address of Person Making Contribution—City	State Zip Code
150 Garfield Ave Stratford	CT 06479
Source of Contribution—Name of Individual who Signed Check or Authorized Contribution	Amount
Calo Rocco	\$10,000.00

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)