

**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 23

**COVER PAGE**

1. NAME OF COMMITTEE		2. ELECTION/REFERENDUM DATE	
<b>CT Truth PAC Inc.</b>			
3. TREASURER NAME			
First <b>Steve</b>	MI <b>A</b>	Last <b>Warzoha</b>	Suffix
4. TREASURER ADDRESS			
Street Address <b>933 King St</b>	City <b>Greenwich</b>	State <b>CT</b>	Zip Code <b>06831</b>
5. TYPE OF REPORT			
<b>April 10 Filing - Original</b>			
6. PERIOD COVERED			
Beginning Date		Ending Date	
<b>02/11/2022</b>		thru <b>03/31/2022</b>	
7. CERTIFICATION			
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete, and further that any expenditures and obligations disclosed were made independent of any other individual, political committee, party committee, or candidate committee, or agent thereof.			
<b>Electronic Filing</b>	<b>Steve Warzoha</b>	<b>04/10/2022 1:59:17PM</b>	
TREASURER OR DEPUTY TREASURER (SIGNATURE)	PRINT NAME OF SIGNER	DATE CERTIFIED (mm/dd/yyyy)	
<p><b>A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.</b></p>			

**SEEC FORM 40**

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

**SUMMARY PAGE TOTALS**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT	
<b>CT Truth PAC Inc.</b>	<b>April 10 Filing - Original</b>	
	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Aggregate
8. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		<b>\$0.00</b>
9. Balance on hand at the beginning of Reporting Period	<b>\$500,000.00</b>	
10. Monetary Receipts (Section A and B)	<b>\$525,008.17</b>	<b>\$1,025,008.17</b>
11. Loans (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
12. Total Monetary Receipts (add totals for lines 10 through 11)	<b>\$525,008.17</b>	<b>\$1,025,008.17</b>
13. Subtotals (add totals in Line 9 + 12 in Column A and in Line 8 + 12 in Column B)	<b>\$1,025,008.17</b>	<b>\$1,025,008.17</b>
14. Expenses Paid by Committee (Section G)	<b>\$297,087.47</b>	<b>\$297,087.47</b>
15. Balance on hand at close of Reporting Period (Subtract line 14 from line 13 in both colum	<b>\$727,920.70</b>	<b>\$727,920.70</b>
16. In-Kind Contributions Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
17. Refundable Deposit to Telephone Company (Section E)	<b>\$0.00</b>	<b>\$0.00</b>
18. Beginning Loan Balance	<b>\$0.00</b>	
18a. + Loans Received (Section C)	<b>\$0.00</b>	<b>\$0.00</b>
18b. + Interest and Penalties on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18c. - Payments on Loan	<b>\$0.00</b>	<b>\$0.00</b>
18d. Total Outstanding Loan Amount	<b>\$0.00</b>	
19. Expenses Incurred on Committee Credit Card (Section H)	<b>\$0.00</b>	<b>\$0.00</b>
20. Expenses Incurred by Committee During this Period but Not Paid (Section I)	<b>\$0.00</b>	
20a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section I)	<b>\$0.00</b>	

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

<b>A. Total Contributions from Small Individual Contributors-Received this Period ONLY</b>	<b>\$0.00</b>
<i>(See instructions for definition of Small Individual Contributor)</i>	Subtotal Section A

**B. Itemized Monetary Receipts**

Name Wells Fargo				
Street Address 470 Monroe Tpke		City Monroe	State CT	Zip Code 06468
Principal Occupation (if applicable)		Name of Employer (if applicable)		
Source Type : <input type="checkbox"/> Individual/Sole Proprietorship <input checked="" type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input type="checkbox"/> Contribution <input checked="" type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$8.17	
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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)		Date Received 03/31/2022	Amount Received \$5.48	

Name Thomas E. McInerney				
Street Address 2 Manitou Ct .		City Westport	State CT	Zip Code 06880
Principal Occupation (if applicable) Investor		Name of Employer (if applicable) Bluff Point Associates		
Source Type : <input checked="" type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Bank	<input type="checkbox"/> Committee <input type="checkbox"/> Affiliated Business Entity	<input type="checkbox"/> Other <input type="checkbox"/> Affiliated Organization	Type of Receipt : <input checked="" type="checkbox"/> Contribution <input type="checkbox"/> Bank Interest <input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury
Is this receipt associated with an event reported in Section F? If yes, list Event #	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order	Aggregate Receipts \$500,000.00	
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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative	
Description (if applicable)		Date Received 03/24/2022	Amount Received \$500,000.00	

Name Matthew Sharp			
Street Address 67 Bill Hill Rd .		City Lyme	State CT
Zip Code 06371			
Principal Occupation (if applicable) Investment Manager		Name of Employer (if applicable) Hamilton Point Investments	
Source Type : <input checked="" 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 checked="" type="checkbox"/> Contribution <input type="checkbox"/> Reimbursement for Shared Expense <input type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts  \$25,000.00
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a state contractor, prospective state contractor or principal thereof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Amount Received
Description (if applicable)		Date Received 03/24/2022	\$25,000.00

Name Wells Fargo			
Street Address 470 Monroe Tpke		City Monroe	State CT
Zip Code 06468			
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 checked="" 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 checked="" type="checkbox"/> Bank Interest <input type="checkbox"/> Surplus Distribution <input type="checkbox"/> Contribution from Affiliated Treasury <input type="checkbox"/> Miscellaneous	
Is this receipt associated with an event reported in Section F? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Method of Receipt <input type="checkbox"/> Cash <input type="checkbox"/> Check <input checked="" type="checkbox"/> EFT <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Aggregate Receipts  \$2.69
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 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 02/28/2022	\$2.69

<b>Total of Section B</b>		<b>\$525,008.17</b>
<b>TOTAL OF ALL RECEIPTS</b> (Sections A & B) <i>(Total on Line 10 of Summary Page)</i>		<b>\$525,008.17</b>

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

**C. Loans Received this Period**

Name of Lender	Source of Loan: Bank      Individual      Committee      Other				Date of Receipt
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan? Yes      No	
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
<b>Total of Section C</b>					

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - 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: Executive      Legislative			Fair Market Value of this Contribution
Is this contribution associated with an event reported in Section F?	Yes No	Description of In-Kind Contribution			
If yes, list Event#					

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

**I. Receipts (Sections A - E)**

NAME OF COMMITTEE	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original
<b>E. Refundable Deposit to Telephone Company</b>	

Last Name of Individual	First Name	MI	Date Deposit Made
Residential Street Address	City	State	Zip Code
Name of Telephone company			Amount of Deposit
Street Address	City	Zip Code	
<b>Total of Section E</b>			

**II. EVENT ACTIVITY (Sections F)**

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original
<b>F. Event Information</b>	

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
CT Truth PAC Inc.	April 10 Filing - Original

**G. Expenses Paid By Committee**

Name of Payee Strategic Media Services		Date of Payment 03/25/2022		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4601 N Fairfax Dr Ste 720		City Arlington		State VA	Zip Code 22203
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 Buy			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Ned Lamont			Office Sought Governor		<input type="checkbox"/> Supported <input checked="" 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-TV	Expenditure Number Section   Number G		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Strategic Media Services		Date of Payment 03/28/2022		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4601 N Fairfax Dr Ste 720		City Arlington		State VA	Zip Code 22203
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 Buy			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Ned Lamont			Office Sought Governor		<input type="checkbox"/> Supported <input checked="" 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-TV	Expenditure Number Section   Number G		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 Strategic Media Services		Date of Payment 03/28/2022		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT	
Street Address 4601 N Fairfax Dr Ste 720		City Arlington		State VA	Zip Code 22203
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 Buy			Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section G. Addendum) Ned Lamont			Office Sought Governor		<input type="checkbox"/> Supported <input checked="" 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-TV	Expenditure Number Section   Number G		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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	

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)		TYPE OF REPORT	
CT Truth PAC Inc.		April 10 Filing - Original	
<b>G. Expenses Paid By Committee</b>			
Name of Payee Strategic Media Services		Date of Payment 03/31/2022	Method of Payment <input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT
Street Address 4601 N Fairfax Dr Ste 720		City Arlington	State VA Zip Code 22203
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) Ned Lamont		Office Sought Governor	<input type="checkbox"/> Supported <input checked="" 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)	Expenditure Number Section   Number G   450693	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount \$247,087.47
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 If yes, what is the expenditure number of the expense previously incurred? Section   Number I		<input type="checkbox"/> Final or Full Payment <input type="checkbox"/> Partial with Balance Owing
<b>Total of Section G</b>			<b>\$297,087.47</b>



<b>III. EXPENDITURES (Sections G - J)</b>					
NAME OF COMMITTEE (As reported on Page 1, Line 1)				TYPE OF REPORT	
CT Truth PAC Inc.				April 10 Filing - Original	
<b>H. Expenses Incurred on Committee Credit Card</b>					
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? 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 #
Yes                      No					
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		Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
Yes                      No			Section	Number	Yes                      No
			H		
<b>Total of Section H</b>					

<b>III. EXPENDITURES (Sections G - J)</b>				
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT	
CT Truth PAC Inc.			April 10 Filing - Original	
<b>I. Expenses Incurred By Committee but Not Paid During this Period</b>				
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
<b>Total of Section I</b>				

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/25/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Viamedia		<input type="checkbox"/> Check #	<input type="checkbox"/> Debit Card	<input checked="" type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
50 Weston St .		Groton	CT	06120
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 J. Addendum		Description		Event #
		IE-Media Buy		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-TV	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$1,587.80
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/25/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Effectv		<input type="checkbox"/> Check #	<input type="checkbox"/> Debit Card	<input checked="" type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
76 Batterson Park Rd .		Hartford	CT	06032
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 J. Addendum		Description		Event #
		IE-Media Buy		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-TV	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$21,155.65

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/25/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>WFSB</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>333 Capital Blvd</b>		City <b>Rocky Hill</b>		State <b>CT</b>
Zip Code <b>06067</b>				
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 J. Addendum		Description <b>IE-Media Buy</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-TV</b>	Expenditure Number Section   Number <b>J  </b>		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Amount <b>\$2,256.55</b>
Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/28/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>WFSB</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card <input checked="" type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>333 Capital Blvd .</b>		City <b>Rocky Hill</b>		State <b>CT</b>
Zip Code <b>06067</b>				
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 J. Addendum		Description <b>IE-Media Buy</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-TV</b>	Expenditure Number Section   Number <b>J  </b>		Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Amount <b>\$25,000.00</b>

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/31/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>WFSB</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # <b>99</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>333 Capital Blvd</b>		City <b>Rocky Hill</b>		State <b>CT</b> Zip Code <b>06067</b>
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 J. Addendum		Description <b>IE-Media Buy</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-TV</b>	Expenditure Number Section   Number <b>J</b>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <b>\$23,360.95</b>
Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/31/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>WTIC</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # <b>99</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>285 Broad St</b>		City <b>Hartford</b>		State <b>CT</b> Zip Code <b>06105</b>
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 J. Addendum		Description <b>IE-Media Buy</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-TV</b>	Expenditure Number Section   Number <b>J</b>	Associated with Referendum? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount <b>\$12,070.00</b>

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
WTNH		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
10 Columbus Blvd		Hartford	CT	06106
If an Independent Expenditure, is it on behalf of more than one Candidate?		Description		Event #
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, complete Section J. Addendum		IE-Media Buy		
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 checked="" type="checkbox"/> Opposed
Ned Lamont		Governor		
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-TV	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$29,346.25
Last Name of Worker/Consultant		First		Date of Payment to Vendor, Person or Entity
Strategic		Media		03/31/2022
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
WVIT		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
1522 New Britain Ave .		Hartford	CT	06110
If an Independent Expenditure, is it on behalf of more than one Candidate?		Description		Event #
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No      If yes, complete Section J. Addendum		IE-Media Buy		
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 checked="" type="checkbox"/> Opposed
Ned Lamont		Governor		
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-TV	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$18,466.25

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/31/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>Ampersand</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # <b>99</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>450 W 42nd St .</b>		City <b>New York</b>	State <b>NY</b>	Zip Code <b>10036</b>
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 J. Addendum		Description <b>IE-Digital Media</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-WEB</b>	Expenditure Number Section   Number <b>J  </b>	Associated with Referendum?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount  <b>\$10,625.00</b>
Last Name of Worker/Consultant <b>Strategic</b>	First <b>Media</b>	MI <b>Services</b>	Date of Payment to Vendor, Person or Entity <b>03/31/2022</b>	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>Hulu</b>		Payment to Reimburse Committee Worker/Consultant as reported in Section G <input checked="" type="checkbox"/> Check # <b>99</b> <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant <b>12312 W Olympic Blvd</b>		City <b>Los Angeles</b>	State <b>CA</b>	Zip Code <b>90064</b>
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 J. Addendum		Description <b>IE-Digital Media</b>		Event #
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE candidate - if more than one, Complete Section J. Addendum) <b>Ned Lamont</b>		Office Sought <b>Governor</b>		<input type="checkbox"/> Supported <input checked="" type="checkbox"/> Opposed
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Purpose of Expenditure (by code) <b>A-WEB</b>	Expenditure Number Section   Number <b>J  </b>	Associated with Referendum?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount  <b>\$12,248.50</b>

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Centro		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
222 W Hubbard St .		Chicago	IL	60654
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 J. Addendum		Description		Event #
		IE-Digital Media		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-WEB	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$14,450.00
Last Name of Worker/Consultant		First	MI	Date of Payment to Vendor, Person or Entity
Strategic		Media	Services	03/31/2022
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Google		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
1600 Amphitheatre Pkwy		Mountain View	CA	94043
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 J. Addendum		Description		Event #
		IE-Digital Media		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-WEB	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$12,750.00



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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Advancing Strategies		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
PO Box 96		Midlothian	VA	23113
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 J. Addendum		Description		Event #
		IE-Media Production		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-TV	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$18,500.00
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Advancing Strategies		<input checked="" type="checkbox"/> Check # 99 <input type="checkbox"/> Debit Card <input type="checkbox"/> EFT		
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
PO Box 96		Midlothian	VA	23113
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 J. Addendum		Description		Event #
		IE-Strategic and Digital Consulting		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-WEB	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$39,075.47

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Cablevision Altice		<input checked="" type="checkbox"/> Check # 99	<input type="checkbox"/> Debit Card	<input type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
28 Cross St .		Norwalk	CT	06851
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 J. Addendum		Description		Event #
		IE-Digital Media		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	A-WEB	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$20,268.25
Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor, Person or Entity	
Strategic	Media	Services	03/31/2022	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant		Payment to Reimburse Committee Worker/Consultant as reported in Section G		
Strategic Media Services		<input checked="" type="checkbox"/> Check # 99	<input type="checkbox"/> Debit Card	<input type="checkbox"/> EFT
Street Address of Vendor, Person or Entity Paid by Committee Worker/Consultant		City	State	Zip Code
4601 N Fairfax Dr Ste 720		Arlington	VA	22203
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 J. Addendum		Description		Event #
		IE-Media Buy Admin Fees		
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	
Ned Lamont		Governor	<input checked="" type="checkbox"/> Opposed	
Does Expenditure have more than one expenditure code? IF yes, complete Section J. Addendum	Purpose of Expenditure (by code)	Expenditure Number		Associated with Referendum?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CNSLT	Section	Number	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J		Amount
				\$35,926.80
<b>Total of Section J</b>				<b>\$297,087.47</b>

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - Original

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

Source of Contribution - Name of Person Making Contribution David Kelsey	Expenditure Number	
	Section	Number
	G	450691
Address of Person Making Contribution - City 74 Sill Ln Old Lyme	State	Zip Code
	CT	06371
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution David Kelsey	Amount \$500,000.00	
Source of Contribution - Name of Person Making Contribution Thomas McInerney	Expenditure Number	
	Section	Number
	G	450693
Address of Person Making Contribution - City 2 Manitou Ct . Westport	State	Zip Code
	CT	06880
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Thomas McInerney	Amount \$500,000.00	
Source of Contribution - Name of Person Making Contribution Matthew Sharp	Expenditure Number	
	Section	Number
	G	450692
Address of Person Making Contribution - City 67 Bill Hill Rd . Lyme	State	Zip Code
	CT	06371
Source of Contribution - Name of Individual who Signed Check or Authorized Contribution Matthew Sharp	Amount \$25,000.00	

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

NAME OF COMMITTEE (As reported on Page 1, Line 1)	TYPE OF REPORT
CT Truth PAC Inc.	April 10 Filing - 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
CT Truth PAC Inc.	April 10 Filing - Original

#### G. Expenses Paid By Committee - Addendum

Expenditure Number as reported in Section G	Total Amount of the Expenditure
<b>G</b>	<b>\$247,087.47</b>
<b>450693</b>	

Description			Expenditure Code
Media Buy			A-TV
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Ned Lamont	Governor	<input checked="" type="checkbox"/> Opposed	\$103,511.70

Description			Expenditure Code
Digital Media Buy			A-WEB
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Ned Lamont	Governor	<input checked="" type="checkbox"/> Opposed	\$50,073.50

Description			Expenditure Code
Media Production			CNSLT
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Ned Lamont	Governor	<input checked="" type="checkbox"/> Opposed	\$20,775.47

Description			Expenditure Code
Digital Consulting			CNSLT
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Ned Lamont	Governor	<input checked="" type="checkbox"/> Opposed	\$36,800.00

Description			Expenditure Code
Media Buy Commission			CNSLT
Name of Candidate	Office Sought (if applicable)	<input type="checkbox"/> Supported	Amount Allocated
Ned Lamont	Governor	<input checked="" type="checkbox"/> Opposed	\$35,926.80

<b>Section H. ADDENDUM</b>			
NAME OF COMMITTEE (As reported on Page 1, Line 1)			TYPE OF REPORT
<b>H. Expenses Incurred on Committee Credit Card - Addendum</b>			
Expenditure Number as reported in Section H		Total Amount of Expenditure	
<b>H</b>			
Description			Expenditure Code
Name of Candidate	Office Sought (if applicable)	Supported Opposed	Amount Allocated

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

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

Description	Expenditure Code

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