

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

Office Use Only

Page 1 of 120

SUMMARY PAGE

| | | | | | | | | | |
|--|---------------|----------|----------------------------------|-----------------|---|-------------------|----------------------------------|--|--|
| 1. NAME OF COMMITTEE | | | | | 2. TYPE OF COMMITTEE | | | | |
| Lamont For Governor | | | | | <input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee | | | | |
| 3. TREASURER NAME | | | | | | | | | |
| Title | First | MI | Last | Suffix | | | | | |
| | Elvira | M | Albert | | | | | | |
| 4. TREASURER ADDRESS | | | | | | | | | |
| Street Address | | | | City | State | Zip Code | | | |
| 38 Klondike Ave | | | | Stamford | CT | 06907 | | | |
| 5. ELECTION DATE | | | 6. OFFICE SOUGHT (if applicable) | | | | 7. DISTRICT CODE (if applicable) | | |
| 11/02/2010 | | | Governor | | | | | | |
| 8. CANDIDATE NAME | | | | | | | | | |
| Title | First | MI | Last | Suffix | | | | | |
| | Edward | M | Lamont | | | | | | |
| 9. TYPE OF REPORT | | | | | | | | | |
| 175% Declaration of Excess Receipts and Expenditures Primary - Original | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| Beginning Date | | | | | Ending Date | | | | |
| 06/09/2010 | | | | | thru 06/17/2010 | | | | |
| 11. CERTIFICATION | | | | | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | | |
| Electronic Filing | | | Elvira Albert | | | 06/18/2010 | | | |
| SIGNATURE | | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|--------------------------------|------------------------------|
| Lamont For Governor | | |
| | COLUMN A This Period | COLUMN B Aggregate |
| 12. Balance on hand from day Committee was formed | | \$0.00 |
| 13. Balance on hand at the beginning of Reporting Period | \$190,429.79 | |
| 14. Contributions received from Individuals (Section A and B) | \$23,090.00 | \$439,861.20 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$0.00 | \$530.33 |
| 16. Other Monetary Receipts (Section D-1) | \$1,000,500.00 | \$2,852,452.06 |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2) | \$0.00 | \$0.00 |
| 18. Total Monetary Receipts (add totals for lines 14-17) | \$1,023,590.00 | \$3,292,843.59 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$1,214,019.79 | \$3,292,843.59 |
| 20. Expenses Paid by Committee (Section N) | \$520,637.85 | \$2,599,461.65 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$693,381.94 | \$693,381.94 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$0.00 |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$14,217.22 |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 25. Receipts of Organization Expenditures (Section M) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | \$0.00 |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | \$0.00 |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$0.00 |
| 28. Expenses Incurred on Committee Credit Card (Section P) | \$10,458.43 | \$91,981.80 |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q) | \$10,329.19 | |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q) | \$10,829.19 | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|--|---|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |
| A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i> | Subtotal Section A \$0.00 |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name Pepin | First Name Dave | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0758 | Amount of Contribution |
| Residential Street Address 43 Laurel Dr | City Willington | State CT | Zip Code 06279-2248 | Date Received 06/09/2010 | |
| Principal Occupation VC | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Darrell | First Name Henriette | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0759 | Amount of Contribution |
| Residential Street Address 44 Walnut Tree Ln | City Cold Spring Harbor | State NY | Zip Code 11724 | Date Received 06/09/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |
| Last Name Pannozzo | First Name Carole | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0761 | Amount of Contribution |
| Residential Street Address 167 Waverly Rd | City Shelton | State CT | Zip Code 06484-3626 | Date Received 06/09/2010 | |
| Principal Occupation Director of Human Resources | Name of Employer Bridgeport Public Schools | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Berman | First Name Charles | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0760 | Amount of Contribution |
| Residential Street Address 230 Rosebrook Rd | City New Canaan | State CT | Zip Code 06840-3727 | Date Received 06/09/2010 | |
| Principal Occupation Real Estate Finance | Name of Employer MacFarlanePartners,LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$750.00 | \$500.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Stewart | First Name Jeffrey | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0762 | Amount of Contribution |
| Residential Street Address 34 Canterbury St | City Hartford | State CT | Zip Code 06112-1822 | Date Received 06/09/2010 | |
| Principal Occupation State Employee- Division Manager | Name of Employer CT DOT | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Stranberg | First Name James | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0763 | Amount of Contribution |
| Residential Street Address 3 Rocky Ledge Rd | City Weston | State MA | Zip Code 02493-1474 | Date Received 06/10/2010 | |
| Principal Occupation Owner/Sales | Name of Employer Stran Technologies | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Chait | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0764 | Amount of Contribution |
| Residential Street Address 14 The Avenue | City Greenwich | State CT | Zip Code 06831 | Date Received 06/11/2010 | |
| Principal Occupation TV Producer | Name of Employer Chait Video | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Hyland | First Name Angela | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0766 | Amount of Contribution |
| Residential Street Address 312 N Maple Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|--|-------------------------------------|------------------------|
| Last Name Nangia | First Name Vikram | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0767 | Amount of Contribution |
| Residential Street Address 12 Mackenzie Gln | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |
| Last Name Kim | First Name Christine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0768 | Amount of Contribution |
| Residential Street Address 49 Frontier Rd | City Cos Cob | State CT | Zip Code 06807 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Yarett | First Name Jordan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0769 | Amount of Contribution |
| Residential Street Address 355 North St . | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Attorney | Name of Employer Paul, Weiss | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Ropiak | First Name Ron | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0770 | Amount of Contribution |
| Residential Street Address 5 Pine Oak Ln | City Cos Cob | State CT | Zip Code 06807 | Date Received 06/11/2010 | |
| Principal Occupation Owner | Name of Employer Ropiak Productions, Inc. | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Nolan | First Name Edward | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0771 | Amount of Contribution |
| Residential Street Address 11 Sunset Rd | City Old Greenwich | State CT | Zip Code 06870 | Date Received 06/11/2010 | |
| Principal Occupation Constultant | Name of Employer Nauigant Constulting | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Granruth | First Name Walter | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0772 | Amount of Contribution |
| Residential Street Address 283 Round Hill Rd | City Greenwich | State CT | Zip Code | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer UBS Financial Services | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Hoffman Naylor | First Name Robert | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0775 | Amount of Contribution |
| Residential Street Address 24 Maple Ave | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Clergy | Name of Employer 2nd Congregational Church | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Heard | First Name Keith | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0776 | Amount of Contribution |
| Residential Street Address 100 Park Ave | City New York | State NY | Zip Code 10017 | Date Received 06/11/2010 | |
| Principal Occupation Attorney | Name of Employer Burke & Parsons | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Melick | First Name Patricia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0778 | Amount of Contribution |
| Residential Street Address 46 Pine Ridge Rd | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Attorney | Name of Employer Wiggin & Dana | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Kelly | First Name Lynn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0779 | Amount of Contribution |
| Residential Street Address 16 Dearfield Ln | City Greenwich | State CT | Zip Code 06831 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |
| Last Name Stone | First Name Jonathan | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0781 | Amount of Contribution |
| Residential Street Address 157 Indian Waters Dr | City New Canaan | State CT | Zip Code 06840 | Date Received 06/11/2010 | |
| Principal Occupation Sr. Vice President | Name of Employer Sawyer Miller Advertising | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Bowman | First Name Lawrence | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0782 | Amount of Contribution |
| Residential Street Address 300 Sound Beach Ave . | City Old Greenwich | State CT | Zip Code 06870 | Date Received 06/11/2010 | |
| Principal Occupation Financial Analyst | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Alfieri | First Name Salla | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0784 | Amount of Contribution |
| Residential Street Address 45 E 89th St Apt 37F | City New York | State NY | Zip Code 10128 | Date Received 06/11/2010 | |
| Principal Occupation self-employed | Name of Employer self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Meneret | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0785 | Amount of Contribution |
| Residential Street Address 450 Sixth Ave # 4E | City New York | State NY | Zip Code 10011 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |
| Last Name Reid | First Name Julie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0787 | Amount of Contribution |
| Residential Street Address 22 Patterson Ave | City Greenwich | State CT | Zip Code 06830-4621 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$450.00 | \$450.00 |
| Last Name Sullivan | First Name Lawrence | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0788 | Amount of Contribution |
| Residential Street Address 37 Woodway Ridge Ln | City New Canaan | State CT | Zip Code 06840 | Date Received 06/11/2010 | |
| Principal Occupation Real Estate Broker | Name of Employer Brotherhood & Higley | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE | FILING DUE DATE |
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B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|---------------------------------------|------------------------|
| Last Name Wood | First Name Bruce | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0791 | Amount of Contribution |
| Residential Street Address 11 Deepwood Rd | City Darien | State CT | Zip Code 06820 | Date Received 06/11/2010 | |
| Principal Occupation Lawyer | Name of Employer Cummings & Lockwood LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$150.00 |
| Last Name Wood | First Name Bruce | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0792 | Amount of Contribution |
| Residential Street Address 11 Deepwood Rd | City Darien | State CT | Zip Code 06820 | Date Received 06/11/2010 | |
| Principal Occupation Lawyer | Name of Employer Cummings & Lockwood LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$150.00 |
| Last Name Winthrop | First Name Jay | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0780 | Amount of Contribution |
| Residential Street Address 7 Eggleston Ln | City Old Greenwich | State CT | Zip Code 06870-2003 | Date Received 06/11/2010 | |
| Principal Occupation Principal | Name of Employer Douglass Winthrop Advisors, LLC | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,250.00 | \$150.00 |
| Last Name Coe | First Name John | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0765 | Amount of Contribution |
| Residential Street Address 57 Clapboard Ridge Rd | City Greenwich | State CT | Zip Code 06830-3404 | Date Received 06/11/2010 | |
| Principal Occupation Banker | Name of Employer Deutsche Bank | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$500.00 |

I. MONETARY RECEIPTS (Section A-I)

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| NAME OF COMMITTEE | FILING DUE DATE |
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B. Itemized Contributions from Individuals

| | | | | | |
|--|--|---|--|---------------------------------------|------------------------|
| Last Name Dolan | First Name Marie | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0789 | Amount of Contribution |
| Residential Street Address 27 Patterson Ave | City Greenwich | State CT | Zip Code 06830-4619 | Date Received 06/11/2010 | |
| Principal Occupation none | Name of Employer not employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$1,000.00 | \$1,000.00 |
| Last Name Dolan | First Name Patrick | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0790 | Amount of Contribution |
| Residential Street Address 27 Patterson Ave | City Greenwich | State CT | Zip Code 06830-4619 | Date Received 06/11/2010 | |
| Principal Occupation attorney | Name of Employer Dechert LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$4,000.00 | \$2,000.00 |
| Last Name Higbie | First Name Carl | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0777 | Amount of Contribution |
| Residential Street Address 105 Rockwood Ln | City Greenwich | State CT | Zip Code 06830-3814 | Date Received 06/11/2010 | |
| Principal Occupation Financial Advisor | Name of Employer UBS Financial Services Inc | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Havard | First Name Michael | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0774 | Amount of Contribution |
| Residential Street Address 4 Cecil Pl | City New Canaan | State CT | Zip Code 06840 | Date Received 06/11/2010 | |
| Principal Occupation VP Marketing | Name of Employer Newman's Own | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

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|--|---|---|--|---------------------------------------|------------------------|
| Last Name Stocker | First Name Dwight | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0786 | Amount of Contribution |
| Residential Street Address 29 Cottontail Rd | City Cos Cob | State CT | Zip Code 06807-1103 | Date Received 06/11/2010 | |
| Principal Occupation Finance | Name of Employer Henderson | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Coan | First Name Rachel | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0783 | Amount of Contribution |
| Residential Street Address 1 Putnam HI | City Greenwich | State CT | Zip Code 06830 | Date Received 06/11/2010 | |
| Principal Occupation Attorney | Name of Employer Ratten, Muchin Rosenman LLP | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$150.00 | \$150.00 |
| Last Name Chase | First Name Jayne | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0773 | Amount of Contribution |
| Residential Street Address 436 Weed St | City New Canaan | State CT | Zip Code 06840 | Date Received 06/11/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |
| Last Name Kelley | First Name Lauren | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0793 | Amount of Contribution |
| Residential Street Address 279 June Rd | City Stamford | State CT | Zip Code 06903-3734 | Date Received 06/12/2010 | |
| Principal Occupation Not Employed | Name of Employer N/A | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,500.00 | \$1,500.00 |

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

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|--|--|---|--|---------------------------------------|------------------------|
| Last Name Shah | First Name Atul | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0794 | Amount of Contribution |
| Residential Street Address 15 Beacon Hill Dr | City Waterford | State CT | Zip Code 06385-4147 | Date Received 06/13/2010 | |
| Principal Occupation Engineer | Name of Employer Alion Science and Technology | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Revson | First Name Diana | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0795 | Amount of Contribution |
| Residential Street Address 125 Weaver St | City Greenwich | State CT | Zip Code 06831-4300 | Date Received 06/13/2010 | |
| Principal Occupation Director of External Affairs | Name of Employer Gordon Parks Foundation | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,000.00 | \$2,000.00 |
| Last Name Bowen | First Name Joan | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0796 | Amount of Contribution |
| Residential Street Address 40 Axtell Dr | City Scarsdale | State NY | Zip Code 10583-5602 | Date Received 06/14/2010 | |
| Principal Occupation none | Name of Employer not employed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$2,000.00 | \$2,000.00 |
| Last Name Miller | First Name Philip | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0797 | Amount of Contribution |
| Residential Street Address 24 Bushy Hill Rd . | City Ivoryton | State CT | Zip Code | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

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B. Itemized Contributions from Individuals

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|--|---|---|--|-------------------------------------|------------------------|
| Last Name Fowler | First Name Emily | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0799 | Amount of Contribution |
| Residential Street Address 15 Library Ln | City Old Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Sullivan | First Name Celine | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0801 | Amount of Contribution |
| Residential Street Address 9 Library Ln | City Old Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Griffin | First Name Jane | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0802 | Amount of Contribution |
| Residential Street Address 357 Grassy Hill Rd . | City Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Savitski | First Name Ronald | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0803 | Amount of Contribution |
| Residential Street Address 70 Stockburger Rd | City Moodus | State CT | Zip Code 06469 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
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B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|------------------------------------|------------------------|
| Last Name Richardson | First Name Faye | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0804 | Amount of Contribution |
| Residential Street Address 33 Joshuatown Rd | City Old Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Lazor | First Name Charlotte | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0805 | Amount of Contribution |
| Residential Street Address 19 Kirtland St . | City Deep River | State CT | Zip Code 06417 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Smith | First Name Nancy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0806 | Amount of Contribution |
| Residential Street Address 1011 Chester Vlg W | City Chester | State CT | Zip Code 06412 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Bradley | First Name C. | MI A | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0807 | Amount of Contribution |
| Residential Street Address 7201 Chester Vlg W | City Chester | State CT | Zip Code 06412 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
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| NAME OF COMMITTEE | FILING DUE DATE |
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B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Bowen Bennet | First Name Midge | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0809 | Amount of Contribution |
| Residential Street Address 28 Selden Rd | City Hadlyme | State CT | Zip Code 06439 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Lewis | First Name Jane | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0811 | Amount of Contribution |
| Residential Street Address 69 Baker Ln . | City East Haddam | State CT | Zip Code 06423 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Pfeffer | First Name Jane | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0813 | Amount of Contribution |
| Residential Street Address 13 Hudson Ln | City Essex | State CT | Zip Code 06426 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Willauer | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0815 | Amount of Contribution |
| Residential Street Address 55-1 Beaver Brook Rd . | City Old Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Willauer | First Name Cynthia | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0817 | Amount of Contribution |
| Residential Street Address 55-1 Beaver Brook Rd . | City Lyme | State CT | Zip Code 06371 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Maynard | First Name Andrew | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0818 | Amount of Contribution |
| Residential Street Address 107 Water St | City Stonington | State CT | Zip Code 06378-1417 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Giesey | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0820 | Amount of Contribution |
| Residential Street Address PO Box 117 | City Hadlyme | State CT | Zip Code 06439 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Greider | First Name George | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0821 | Amount of Contribution |
| Residential Street Address 382 Town St | City East Haddam | State CT | Zip Code 06423 | Date Received 06/14/2010 | |
| Principal Occupation Retired | Name of Employer N/A | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$300.00 | \$300.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Kranz | First Name Gayle | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0824 | Amount of Contribution |
| Residential Street Address 382 Town St . | City East Haddam | State CT | Zip Code 06423 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Alt | First Name Laurie | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0825 | Amount of Contribution |
| Residential Street Address 241 E Shore Dr | City Colchester | State CT | Zip Code 06415 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$40.00 | \$40.00 |
| Last Name McGrath | First Name Barbara | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0800 | Amount of Contribution |
| Residential Street Address PO Box 116 | City Windham | State CT | Zip Code 06280-0116 | Date Received 06/14/2010 | |
| Principal Occupation | Name of Employer | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$270.00 | \$50.00 |
| Last Name Foster | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0810 | Amount of Contribution |
| Residential Street Address 716 Pudding Hill Rd | City Hampton | State CT | Zip Code 06247-1502 | Date Received 06/14/2010 | |
| Principal Occupation Business Owner | Name of Employer Shaboo Productions | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Putnam | First Name Thea | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0822 | Amount of Contribution |
| Residential Street Address 34 River Road Dr | City Essex | State CT | Zip Code 06426 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$350.00 | \$200.00 |
| Last Name McIntosh | First Name James | MI R | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0823 | Amount of Contribution |
| Residential Street Address 54 Pippin Dr W | City Glastonbury | State CT | Zip Code 06033 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$250.00 | \$250.00 |
| Last Name Kinsella | First Name Stephen | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0808 | Amount of Contribution |
| Residential Street Address 116 Jobs Pond Rd | City Portland | State CT | Zip Code 06480 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Ned'sCallLists | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Bingham | First Name David | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0812 | Amount of Contribution |
| Residential Street Address 50 White Birch Rd | City Salem | State CT | Zip Code 06420 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|---|--|-------------------------------------|------------------------|
| Last Name Jacobs | First Name Marilyn | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0814 | Amount of Contribution |
| Residential Street Address 6 Grovedale Rd | City Niantic | State CT | Zip Code 06357 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$50.00 | \$50.00 |
| Last Name Fischbach | First Name Nancy | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0819 | Amount of Contribution |
| Residential Street Address 401 River Rd | City Deep River | State CT | Zip Code 06417 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name Flinter | First Name Margaret | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0816 | Amount of Contribution |
| Residential Street Address 52 Maple Ave W | City Higganum | State CT | Zip Code 06441 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Last Name McKone | First Name Mary | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0798 | Amount of Contribution |
| Residential Street Address 26 Braeburn Rd | City West Hartford | State CT | Zip Code 06107 | Date Received 06/14/2010 | |
| Principal Occupation Information Requested | Name of Employer Information Requested | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>06182010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$75.00 | \$75.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

B. Itemized Contributions from Individuals

| | | | | | |
|--|---|--|--|---------------------------------------|------------------------|
| Last Name McLaughlin | First Name Jessica | MI | Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card | Contribution ID # 0826 | Amount of Contribution |
| Residential Street Address 48 Daniels Ave | City Waterford | State CT | Zip Code 06385-2628 | Date Received 06/14/2010 | |
| Principal Occupation Purchasing | Name of Employer Unemployed | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$25.00 | \$25.00 |
| Last Name Henry | First Name Daniel | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0827 | Amount of Contribution |
| Residential Street Address 11540 Cherokee Ct | City Leawood | State KS | Zip Code 66209 | Date Received 06/15/2010 | |
| Principal Occupation CEO | Name of Employer Netspend | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$3,500.00 | \$3,500.00 |
| Last Name Mulvihill | First Name Roger | MI | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0828 | Amount of Contribution |
| Residential Street Address 44 Oriole Ave | City Bronxville | State NY | Zip Code 10708 | Date Received 06/17/2010 | |
| Principal Occupation Attorney | Name of Employer Self | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$200.00 | \$200.00 |
| Last Name Wurzer | First Name David | MI M | Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card | Contribution ID # 0829 | Amount of Contribution |
| Residential Street Address 200 Corporate Pl Fl 3 | City Rocky Hill | State CT | Zip Code 06067 | Date Received 06/17/2010 | |
| Principal Occupation Mangaing Director, Investments | Name of Employer Connecticut Innovations | Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative | | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Aggregate Contributions \$100.00 | \$100.00 |
| Total of Section B | | | | | \$23,090.00 |
| TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page) | | | | | \$23,090.00 |

I. MONETARY RECEIPTS (Section A-I)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

C1. Contributions from Other Committees

| | |
|-------------------|-------------------|
| Name of Committee | Name of Treasurer |
|-------------------|-------------------|

| Address | Is this contribution associated with a fundraising event listed in Section J1? | Yes No | If yes, list Event # Amount of Contribution | |
|---------|--|-----------|--|-------------------------|
| City | State | Zip Code | Date Received | Aggregate Contributions |
| | | | | |

Total of Section C1

| I. MONETARY RECEIPTS (Section A-I) | | | | |
|---|-------|----------|--|-------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Lamont For Governor | | | | |
| C2. Reimbursements or Payments from other Committees | | | | |
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

I. MONETARY RECEIPTS (Section A-K)

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

D. Loans Received this Period

| Name of Lender | | | | Source of Loan: | Is there a cosigner or Guarantor of this loan? | Amount Received |
|----------------------------|------|-------|----------|-----------------|--|-----------------|
| Street Address | City | State | Zip Code | Bank | Yes | |
| Name of Cosigner/Guarantor | | | | Candidate | No | |
| Street Address | City | State | Zip Code | Individual | | |
| | | | | Other | | |
| | | | | Committee | | |
| | | | | Date Received | | |

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

| | | | |
|--|----------------|-------------------------------|--|
| NAME OF COMMITTEE | | FILING DUE DATE | |
| Lamont For Governor | | | |
| E. Personal Funds of the Candidate Received this Period | | | |
| Date Received | Amount | Method of Payment | |
| 06/10/2010 | \$1,000,000.00 | <input type="checkbox"/> Cash | <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card |
| Total of Section E | | | \$1,000,000.00 |

| I. MONETARY RECEIPTS (Section A-I) | | | | | |
|---|------------|------------|------------|-------|-----------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE |
| Lamont For Governor | | | | | |
| F. Anonymous Contributions | | | | | |
| Date Received | \$ 1 bills | \$ 5 bills | \$ 10 bill | coins | Amount |
| Total of Section F | | | | | |

| I. Monetary Receipts (Section A-I) | | | | |
|---|------|---------------|----------|-----------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Lamont For Governor | | | | |
| G. Interest from Deposits in Authorized Accounts | | | | |
| Name of Institution | | Date Received | | Total Amount Received |
| Street Address | City | State | Zip Code | |
| Total of Section G | | | | |

| I. MONETARY RECEIPTS (Section A-K) | | | | |
|--|--------------------------------------|--|-----------------|--------|
| NAME OF COMMITTEE | | | FILING DUE DATE | |
| Lamont For Governor | | | | |
| H. Public Grant Funds Received from the Citizen's Election Fund | | | | |
| Purpose of Grant: Initial Primary | Supplemental/Independent Expenditure | | Date Received | Amount |
| | General or Special Election | Primary General or Special Election | | |
| Supplemental/Post Election Deficit General or Special Election | Supplemental/Excess Expenditure | | | |
| | Primary | General or Special Election | | |
| Total of Section H | | | | |

I. MONETARY RECEIPTS (Section A-K)

| NAME OF COMMITTEE | | | | FILING DUE DATE | |
|--|--|-----------|---------------------|-----------------|-----------------|
| Lamont For Governor | | | | | |
| I. Miscellaneous Monetary Receipts not Considered Contributions | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Jim Himes for Congress | | | 06/11/2010 | | |
| Street Address | | City | State | Zip Code | |
| 857 Post Rd | | Fairfield | CT | 06824-6041 | |
| Description | | | | | \$250.00 |
| Refund for a Disputed Charge | | | | | |
| Name | | | Date of Transaction | | Amount Received |
| Jim Himes for Congress | | | 06/11/2010 | | |
| Street Address | | City | State | Zip Code | |
| 857 Post Rd | | Fairfield | CT | 06824-6041 | |
| Description | | | | | \$250.00 |
| Refund for a Disputed Charge | | | | | |
| Total of Section I | | | | | \$500.00 |

II. FUNDRAISING EVENT ACTIVITY

| | |
|--|-----------------|
| NAME OF COMMITTEE Lamont For Governor | FILING DUE DATE |
|--|-----------------|

J1. Fundraising Event Information

| Fundraising Event # | Description | Location: Street Address | City | State | Zip Code |
|---|-----------------|----------------------------------|-----------|-------|----------|
| Date of Fundraiser Letter 06/10/2010 a | Home Fundraiser | Dolan Residence 27 Patterson Ave | Greenwich | CT | |

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

| Fundraising Event # | Description | Location: Street Address | City | State | Zip Code |
|---|-----------------|-------------------------------------|-------------|-------|----------|
| Date of Fundraiser Letter 06/18/2010 a | Home Fundraiser | Blackford Residence 10 Hamburg Rd . | East Haddam | CT | |

Was this fundraising event hosted at a personal residence? Yes No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? Yes No

Was this fundraiser a tag sale, auction, or other sale of donated items? Yes No

II. FUNDRAISING EVENT ACTIVITY

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items

| | | | | | | | |
|---|------------|-------|---|---------------|---------|--|-------------------------------------|
| Name of the Purchaser <i>(Individuals ONLY)</i> Last Name | First Name | MI | Method of payment: Cash Personal Check Credit/Debit Card | | | | Aggregate Amount of Purchases |
| Residential Street Address | City | State | Zip Code | Date Received | Event # | | |
| Items Purchased | | | | | | | |

Total of Section J2

| II. FUNDRAISING EVENT ACTIVITY | | | | | | | |
|---|--|------|--|---------------------------------|----------------------------|-------------------------------------|-----------------------------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | | |
| Lamont For Governor | | | | | | | |
| J3. In-Kind Donations Not Considered Contributions | | | | | | | |
| Name of the Donor | | | | Donation Given by: | | Fair Market Value of Donation | |
| | | | | Individual Business Entity | | | |
| Street Address | | City | | State | Zip Code | | Aggregate value for this event |
| | | | | Date Received | Event # | | |
| | | | | | Total of Section J3 | | |

III. NONMONETARY RECEIPTS

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

K. In-Kind Contributions

| | | | | | | |
|---|---|---|-------------------------------------|---------------|-------------------------|--|
| Name | | | | Date Received | | Fair Market Value of this Contribution |
| Street Address | | City | State | Zip Code | | |
| Type of Contributor: Individual Committee | Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No | Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative | | | | |
| Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# | | Yes No | Description of In-Kind Contribution | | Aggregate contributions | |

Total of Section K

III. Non Monetary Receipts

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

L. Refundable Deposit to Telephone Company

| Last Name (Individuals Only) | First Name | MI | Date Received | Amount of Deposit |
|--------------------------------|------------|-------|---------------|-------------------|
| Street Address | City | State | Zip Code | |
| Name of Telephone company | | | | |
| Street Address | City | State | Zip Code | |
| Total of Section L | | | | |

III. NONMONETARY RECEIPTS

| | | | | | |
|--|--|-------|------------------------|----------------------|-------------------------------------|
| NAME OF COMMITTEE | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | |
| M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee | | | | | |
| Name of Committee | | | Name of Treasurer | | |
| Street Address | | | | Date Notice Received | Fair Market Value of Donation |
| City | | State | Zip Code | Aggregate Donations | |
| Description of Donation | | | Purpose of Expenditure | | |
| | | | A | B | C |
| | | | D | E | |
| Total of Section M | | | | | |

IV. EXPENDITURES

| NAME OF COMMITTEE | | | | | | | FILING DUE DATE |
|---|---------------|-------------------------|------------|------------------------|-------------------------------------|---|-----------------|
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Total Graphic Solutions | | | | | 06/09/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1232 | | |
| 111 Brookside Rd | New Britain | CT | 06052-1522 | OFFICE | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| stationary letterhead and env | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$477.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Jared Kupiec | | | | | 06/09/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1230 | | |
| 311 Quaker Ln S | West Hartford | CT | 06119-2220 | PRNT | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| printing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$334.96 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Trilogy Interactive, LLC | | | | | 06/09/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1231 | | |
| 1508 W Sunnyside Ave | Chicago | IL | 60640 | WEB | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| website designer | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$2,600.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|---|-------------|-------------------------------------|
| Chase Card Services | 06/09/2010 | <input checked="" type="checkbox"/> Check # | \$16,172.90 | |
| Street Address PO Box 15153 | City Wilmington | State DE | | Zip Code 19886-5153 |
| Purpose of Expenditure CCP | | | | <input type="checkbox"/> Debit Card |
| Description Credit card | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name _____ Office Sought _____ | | | | |
| Kelly Popp | 06/09/2010 | <input checked="" type="checkbox"/> Check # | \$504.80 | |
| Street Address 69 Belden Rd | City Hamden | State CT | | Zip Code 06514-3709 |
| Purpose of Expenditure FOOD | | | | <input type="checkbox"/> Debit Card |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name _____ Office Sought _____ | | | | |
| Renewable Choice Energy | 06/09/2010 | <input checked="" type="checkbox"/> Check # | \$144.87 | |
| Street Address 2500 55th St Ste 210 | City Boulder | State CO | | Zip Code 80301-5740 |
| Purpose of Expenditure OVHD | | | | <input type="checkbox"/> Debit Card |
| Description electricity offset | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |
| Other Candidate(s) Name _____ Office Sought _____ | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Renewable Choice Energy | | | | | 06/09/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1228</u> | |
| 2500 55th St Ste 210 | | Boulder | CO | 80301-5740 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| electricity offset | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$382.38 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| People's Bank United | | | | | 06/10/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input type="checkbox"/> Debit Card | |
| 410 Greenwich Ave | | Greenwich | CT | 06830-6523 | BNK | | |
| Description | | | | | | Event # | |
| Bank Service Charge | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$12.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Stones' Phones Inc. | | | | | 06/10/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1190</u> | |
| 41750 Rancho Las Palmas Dr Ste E | | Rancho Mirage | CA | 92270-5511 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| town hall #1 phones | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$5,348.50 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--------------|-------------------------|------------|------------------------|-----------------|---|-------------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| The Campaign Group | | | | | 06/10/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input type="checkbox"/> Debit Card | |
| 1600 Locust St | Philadelphia | PA | 19103-6305 | A-TV | | | |
| Description | | | | | | Event # | |
| Media Buy | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$50,000.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| The Campaign Group | | | | | 06/10/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input type="checkbox"/> Debit Card | |
| 1600 Locust St | Philadelphia | PA | 19103-6305 | A-TV | | | |
| Description | | | | | | Event # | |
| Production | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$50,000.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Andreas Duus | | | | | 06/10/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input type="checkbox"/> Debit Card | |
| 26 Cherry Tree Ln | Riverside | CT | 06878-2629 | REF | | | |
| Description | | | | | | Event # | |
| Refund | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$1,000.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|--|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| The Campaign Group | | | | | 06/11/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input type="checkbox"/> Debit Card | |
| 1600 Locust St | | Philadelphia | PA | 19103-6305 | A-TV | | |
| Description | | | | | | Event # | |
| Media Buy | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$248,250.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| City and State, LLC | | | | | 06/11/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1191</u> <input type="checkbox"/> Debit Card | |
| 260 France St | | Rocky Hill | CT | 06067-2916 | CNSLT | | |
| Description | | | | | | Event # | |
| consulting | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$10,000.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Alexis Gomez | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1198</u> <input type="checkbox"/> Debit Card | |
| 458 Marvin Ave | | Hackensack | NJ | 07601-1128 | POST | | |
| Description | | | | | | Event # | |
| postage | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$88.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Matthew Santacroce | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 1524 | |
| 10 Earl St | | Manchester | CT | 06040-4336 | OFFICE | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| office supply | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$52.99 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Mack Crouse Group | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 1526 | |
| 2001 N Beauregard St Ste 420 | | Alexandria | VA | 22311-1750 | A-DM | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| campaign literature | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$11,272.50 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Iron Mountain | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 1194 | |
| PO Box 27128 | | New York | NY | 10087-7128 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| shredding | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$43.87 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|---|---------------|------------------------|
| Consolidated Electric Inc. | 06/14/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 100 Wheeler St Unit F | City East Haven | State CT | | Zip Code 06512 |
| Purpose of Expenditure OVHD | | <input type="checkbox"/> Debit Card | | |
| Description Electric repair | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| \$1,007.00 | | | | |
| Mark Electric LLC | 06/14/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address PO Box 1212 | City Middlebury | State CT | | Zip Code 06762 |
| Purpose of Expenditure OVHD | | <input type="checkbox"/> Debit Card | | |
| Description electric turn on | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| \$125.00 | | | | |
| Alexander Killeffer | 06/14/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 6 Bittersweet Trl | City Norwalk | State CT | | Zip Code 06853-1201 |
| Purpose of Expenditure FOOD | | <input type="checkbox"/> Debit Card | | |
| Description food and beverage | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| \$7.93 | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|--|-------------------------|-------------|------------------------|----------------------------------|--|----------|
| Name of Payee Steven Winter | | | | | Date of Payment 06/14/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address PO Box 205154 | | City New Haven | State CT | Zip Code 06520-5154 | Purpose of Expenditure TRVL | <u>1197</u> <input type="checkbox"/> Debit Card | |
| Description mileage | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$200.00 |
| Name of Payee Steven Winter | | | | | Date of Payment 06/14/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address PO Box 205154 | | City New Haven | State CT | Zip Code 06520-5154 | Purpose of Expenditure TRVL | <u>1197</u> <input type="checkbox"/> Debit Card | |
| Description parking | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$8.00 |
| Name of Payee Steven Winter | | | | | Date of Payment 06/14/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address PO Box 205154 | | City New Haven | State CT | Zip Code 06520-5154 | Purpose of Expenditure OFFICE | <u>1197</u> <input type="checkbox"/> Debit Card | |
| Description office supplies | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | | Office Sought | | | \$5.29 |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Jared Kupiec | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1192</u> | |
| 311 Quaker Ln S | | West Hartford | CT | 06119-2220 | A-TV | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| tv shoot-advertising | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$323.15 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Jared Kupiec | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1192</u> | |
| 311 Quaker Ln S | | West Hartford | CT | 06119-2220 | FOOD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| food and beverage | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$134.46 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Benjamin Stango | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1196</u> | |
| 755 Beacom Ln | | Merion Station | PA | 19066-1603 | OFFICE | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| computer program | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$59.95 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|--|-------------------------|-------|---------------|------------------------|---|--------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Marc Bradley | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1193</u> | |
| 35 Mason St | | Greenwich | CT | 06830 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| telephone expense | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$367.96 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Marc Bradley | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1193</u> | |
| 35 Mason St | | Greenwich | CT | 06830 | FOOD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| food and beverage | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$1,689.25 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Marc Bradley | | | | | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <u>1193</u> | |
| 35 Mason St | | Greenwich | CT | 06830 | OFFICE | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| office supplies | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$0.75 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount |
|---|-------------------------------|--|------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address 35 Mason St | City Greenwich | State CT | Zip Code 06830 |
| Purpose of Expenditure TRVL | | <u>1193</u> <input type="checkbox"/> Debit Card | |
| Description travel - gas, car wash, parking, taxi | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$651.52 |
| Name of Payee Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address 1251 Avenue of the Americas | City New York | State NY | Zip Code 10020-1104 |
| Purpose of Expenditure CNSLT | | <input type="checkbox"/> Debit Card | |
| Description Payroll | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$96,766.58 |
| Name of Payee Benjamin Stango | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Street Address 755 Beacom Ln | City Merion Station | State PA | Zip Code 19066-1603 |
| Purpose of Expenditure EFV * | | <u>1525</u> <input type="checkbox"/> Debit Card | |
| Description phones | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$133.33 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|------------|-------------------------|------------|------------------------|-------------------------------------|---|--------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Mack Crouse Group | | | | | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1526 | | |
| 2001 N Beauregard St Ste 420 | Alexandria | VA | 22311-1750 | A-DM | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| campaign literature | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$4,985.42 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Connecticut Democrats | | | | | 06/16/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1233 | | |
| 330 Main St | Hartford | CT | 06106 | POC | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Voter Action Network | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$6,000.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Administaff | | | | | 06/16/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1233 | | |
| 1251 Avenue of the Americas | New York | NY | 10020-1104 | CNSLT | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Payroll | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$4,018.65 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

N. Expenses Paid By Committee

| | | | | | | | |
|---|-----------|-------------------------|------------|------------------------|-------------------------------------|---|--------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| 20 North Main Street, LLC | | | | | 06/16/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1234 | | |
| 501 Kings Hwy E | Fairfield | CT | 06825 | OVHD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| Norwalk Rent | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$1,500.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Seth Bannon | | | | | 06/17/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1527 | | |
| 54 Wauwinet Ct | Guilford | CT | 06437-1101 | FOOD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| food and beverage | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$57.40 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Bristol Lettering LLC | | | | | 06/17/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1529 | | |
| 1718 Park St | Hartford | CT | 06106 | PRNT | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| printing | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$661.44 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

| IV. EXPENDITURES | | | | | | | |
|---|----------|-------------------------|------------|------------------------|-------------------------------------|---|---------------------|
| NAME OF COMMITTEE | | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | | |
| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Tremont Public Advisors LLC | | | | | 06/17/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 1528 | | |
| 750 Main St Ste 500 | Hartford | CT | 06103-2709 | CNSLT | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| consulting for communications | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| | | | | | | Total of Section N | \$520,637.85 |

| IV. EXPENDITURES | | | | | | |
|---|-------------|------|--|-----------------|---------------------------|---------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Lamont For Governor | | | | | | |
| O. Campaign Expenses Paid By Candidate | | | | | | |
| Name of Payee | | | | Date of Payment | Is Reimbursement Claimed? | Amount |
| Street Address | | City | | State | Zip Code | |
| Purpose of Expenditure | Description | | | | Event # | |
| Total of Section O | | | | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|-------------------|-------------|---|--|---------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Exxon Mobil | | | | Date of Transaction 06/09/2010 | | Amount | |
| Street Address 520 E Putnam Ave | | City Greenwich | State CT | Zip Code 06830-4806 | | | |
| Purpose of Expenditure TRVL | Description Gas | | | | | Event # | \$43.67 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Newslibrary.com | | | | Date of Transaction 06/09/2010 | | Amount | |
| Street Address 1111 | | City Stamford | State CT | Zip Code 06907 | | | |
| Purpose of Expenditure Misc * | Description news | | | | | Event # | \$9.95 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/09/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | | Event # | \$105.99 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|-------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/09/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$235.93 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Greenwich Auto Service | | | | Date of Transaction 06/09/2010 | | Amount | |
| Street Address 111 W Putnam Ave | | City Greenwich | State CT | Zip Code 06830-5329 | | | |
| Purpose of Expenditure TRVL | Description Travel | | | | Event # | | \$42.51 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$653.32 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Laz Parking, Ltd. | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 100 Allyn St | | City Hartford | State CT | Zip Code 06103-1418 | | | |
| Purpose of Expenditure EFV * | Description Parking | | | | Event # | | \$5.00 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Norwich Public Utilities | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 173 N Main St | | City Norwich | State CT | Zip Code 06360-4701 | | | |
| Purpose of Expenditure OVHD | Description Utilities | | | | Event # | | \$300.00 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$225.99 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------------|-------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$547.33 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure EFV * | Description Parking | | | | Event # | | \$0.50 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Jim Himes for Congress | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 857 Post Rd | | City Fairfield | State CT | Zip Code 06824-6041 | | | |
| Purpose of Expenditure ATT * | Description Ticket for Fundraiser | | | | Event # | | \$250.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------------|-------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Amazon.com | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 1516 2nd Ave | | City Seattle | State WA | Zip Code 98101-1543 | | | |
| Purpose of Expenditure EFV * | Description Computers | | | | Event # | | \$995.85 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$225.99 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Jim Himes for Congress | | | | Date of Transaction 06/11/2010 | | Amount | |
| Street Address 857 Post Rd | | City Fairfield | State CT | Zip Code 06824-6041 | | | |
| Purpose of Expenditure ATT * | Description Ticket for Fundraiser | | | | Event # | | \$250.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------|-------------------|-------------|---|---------|--------|---------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Exxon Mobil | | | | Date of Transaction 06/12/2010 | | Amount | |
| Street Address 520 E Putnam Ave | | City Greenwich | State CT | Zip Code 06830-4806 | | | |
| Purpose of Expenditure EFV * | Description Gas | | | | Event # | | \$14.01 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Sunoco | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 474 Bank St | | City Waterbury | State CT | Zip Code 06708-3502 | | | |
| Purpose of Expenditure TRVL | Description Gas | | | | Event # | | \$39.54 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Shell Oil | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 83 E Putnam Ave | | City Greenwich | State CT | Zip Code 06830-5611 | | | |
| Purpose of Expenditure EFV * | Description Gas | | | | Event # | | \$29.53 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|-------------------------|--------------------|-------------|---|---------|--------|---------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.25 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Splash | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 251 Post Rd | | City Darien | State CT | Zip Code 06820-3604 | | | |
| Purpose of Expenditure EFV * | Description Vehicle | | | | Event # | | \$17.99 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.47 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|---------------------|-------------|---|---------|--------|------------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$105.99 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Sports Authority | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 444 Connecticut Ave | | City Norwalk | State CT | Zip Code 06854-1807 | | | |
| Purpose of Expenditure EFV * | Description Equipment | | | | Event # | | \$21.19 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor The Home Depot | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 111 Universal Dr | | City North Haven | State CT | Zip Code 06473-3653 | | | |
| Purpose of Expenditure EFV * | Description Furniture | | | | Event # | | \$1,313.41 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|-----------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.96 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Phillips 66 | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 2526 Albany Ave | | City West Hartford | State CT | Zip Code 06117-2301 | | | |
| Purpose of Expenditure TRVL | Description Gas | | | | Event # | | \$32.54 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$105.99 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|-------------------------|--------------------|-------------|---|---------|--------|--------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.25 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$2.94 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.25 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|----------------------------------|--------------------|-------------|---|---------|--------|--------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.96 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure PRNT | Description Printing | | | | Event # | | \$1.96 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Taco Bell | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 315 Westport Ave | | City Norwalk | State CT | Zip Code 06851-4311 | | | |
| Purpose of Expenditure FOOD | Description Food and Beverage | | | | Event # | | \$1.89 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

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|---|---------------------------------|------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Marriott | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 200 Columbus Blvd | | City Hartford | State CT | Zip Code 06103-2807 | | | |
| Purpose of Expenditure FOOD | Description Food | | | | Event # | | \$11.54 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Meeting Tomorrow | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 4433 N Ravenswood Ave | | City Chicago | State IL | Zip Code 60640-6097 | | | |
| Purpose of Expenditure EFV * | Description Furniture Rental | | | | Event # | | \$477.50 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Sports Authority | | | | Date of Transaction 06/13/2010 | | Amount | |
| Street Address 444 Connecticut Ave | | City Norwalk | State CT | Zip Code 06854-1807 | | | |
| Purpose of Expenditure EFV * | Description Equipment | | | | Event # | | \$68.85 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|------------------------|-------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Bidwell Tavern | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 1260 Main St | | City Coventry | State CT | Zip Code 06238-3155 | | | |
| Purpose of Expenditure FOOD | Description Food | | | | Event # | | \$30.23 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure TRVL | Description Parking | | | | Event # | | \$0.41 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Omni Hotel | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Temple St | | City New Haven | State CT | Zip Code 06510-2622 | | | |
| Purpose of Expenditure TRVL | Description Hotel | | | | Event # | | \$269.84 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|------------------------------|-----------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Omni Hotel | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Temple St | | City New Haven | State CT | Zip Code 06510-2622 | | | |
| Purpose of Expenditure TRVL | Description Hotel | | | | Event # | | \$245.28 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Omni Hotel | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Temple St | | City New Haven | State CT | Zip Code 06510-2622 | | | |
| Purpose of Expenditure FOOD | Description Food | | | | Event # | | \$20.44 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Netroots Nation | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 5758 Geary Blvd | | City San Francisco | State CA | Zip Code 94121-2112 | | | |
| Purpose of Expenditure Misc * | Description Fee for Event | | | | Event # | | \$298.50 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|------------------------------|-------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor The Amistad Center for Art & Cultur | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 600 Main St | | City Hartford | State CT | Zip Code 06103-2911 | | | |
| Purpose of Expenditure Misc * | Description Fee for Event | | | | Event # | | \$700.00 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure TRVL | Description Parking | | | | Event # | | \$0.25 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Dunkin Donuts | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 1179 Chapel St | | City New Haven | State CT | Zip Code 06511-4701 | | | |
| Purpose of Expenditure FOOD | Description Food | | | | Event # | | \$5.29 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------|-------------------|-------------|---|---------|--------|------------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Red Rock | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 591 Middle Tpke | | City Mansfield | State CT | Zip Code 06268-1667 | | | |
| Purpose of Expenditure FOOD | Description Food | | | | Event # | | \$11.00 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Urban League of Southern Connecticu | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 46 Atlantic St | | City Stamford | State CT | Zip Code 06901-2401 | | | |
| Purpose of Expenditure ATT * | Description Event Fee | | | | Event # | | \$350.00 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Freedom Voice System | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 169 Saxony Rd Ste 212 | | City Encinitas | State CA | Zip Code 92024-6781 | | | |
| Purpose of Expenditure OVHD | Description Phones | | | | Event # | | \$1,647.50 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|--------------------------------|------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure TRVL | Description Parking | | | | Event # | | \$0.25 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Staples | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 80 Boston Post Rd | | City Orange | State CT | Zip Code 06477-3219 | | | |
| Purpose of Expenditure TRVL | Description Office Supplies | | | | Event # | | \$323.87 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor CVS Pharmacy | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 964 Post Rd | | City Darien | State CT | Zip Code 06820-4508 | | | |
| Purpose of Expenditure OFFICE | Description Office Supplies | | | | Event # | | \$6.82 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

P. Expenses Incurred on Committee Credit Card

| | | | | | | | |
|---|------------------------|--------------------|-------------|---|---------|--------|----------|
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure TRVL | Description Parking | | | | Event # | | \$0.25 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Hartford Parking Authority | | | | Date of Transaction 06/14/2010 | | Amount | |
| Street Address 155 Morgan St | | City Hartford | State CT | Zip Code 06103-1309 | | | |
| Purpose of Expenditure TRVL | Description Parking | | | | Event # | | \$1.50 |
| Name of Issuing Institution Chase Card Service | | | | Type of Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input checked="" type="checkbox"/> Other | | | |
| Name of Vendor Inn at Middletown | | | | Date of Transaction 06/15/2010 | | Amount | |
| Street Address 70 Main St | | City Middletown | State CT | Zip Code 06457-3407 | | | |
| Purpose of Expenditure TRVL | Description Hotel | | | | Event # | | \$200.48 |

IV. EXPENDITURES

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|--|--|--|-------------------------|--|-----------------------------|---------------|------------------------|--|---|
| NAME OF COMMITTEE | | | | | | | FILING DUE DATE | | |
| Lamont For Governor | | | | | | | | | |
| Q. Expenses Incurred By Committee but Not Paid During this Period | | | | | | | | | |
| Name of Creditor Chase Card Services | | | | | Date Incurred 06/17/2010 | | Event # | | Amount Incurred (Estimate or Actual) |
| Street Address PO Box 15153 | | | City Wilmington | | | State DE | Zip Code 19886-5153 | | |
| Purpose of Expenditure Misc * | Description Credit Card Debt as of 6/17 | | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | | Office Sought | | | \$10,329.19 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | |
| Total of Section Q | | | | | | | \$10,329.19 | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|--|--|
| Name of Worker/Consultant Popp, Kelly | Date of Payment 06/09/2010 | Method of Payment <input checked="" type="checkbox"/> Check # 1229 | Amount |
| Secondary Payee Stop & Shop | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 370 Hemingway Ave | City East Haven | State CT | Zip Code 06512-3240 |
| Description food and beverage | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$470.34 |

| | | | |
|---|--------------------------------|--|--|
| Name of Worker/Consultant Popp, Kelly | Date of Payment 06/09/2010 | Method of Payment <input checked="" type="checkbox"/> Check # 1229 | Amount |
| Secondary Payee Xpect Discounts | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 411 Universal Dr N | City North Haven | State CT | Zip Code 06473-3154 |
| Description food and beverage | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$34.46 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Kupiec, Jared | 06/09/2010 | <input checked="" type="checkbox"/> Check # 1230 | |
| Secondary Payee Bristol Lettering LLC | Purpose of Expenditure PRNT | <input type="checkbox"/> Debit Card | |
| Street Address 1718 Park St | City Hartford | State CT | |
| Zip Code 06106 | | Event # | |
| Description printing | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$334.96 |
| Name of Worker/Consultant | Date of Payment | Method of Payment | |
| Gomez, Alexis | 06/10/2010 | <input checked="" type="checkbox"/> Check # 1198 | |
| Secondary Payee Postmaster | Purpose of Expenditure POST | <input type="checkbox"/> Debit Card | |
| Street Address 144 Rowayton Ave | City Norwalk | State CT | |
| Zip Code 06853 | | Event # | |
| Description postage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$88.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Kupiec, Jared | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1192 | | |
| Secondary Payee Party City | Purpose of Expenditure A-TV | <input type="checkbox"/> Debit Card | | |
| Street Address 292 Boston Post Rd | City Orange | State CT | | Zip Code 06477-3505 |
| Description tv shoot-advertising | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$89.95 | |
| Kupiec, Jared | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1192 | | |
| Secondary Payee Target | Purpose of Expenditure A-TV | <input type="checkbox"/> Debit Card | | |
| Street Address 25 Boston Post Rd | City Orange | State CT | | Zip Code 06477-3203 |
| Description tv shoot-advertising | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$106.06 | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|---------------------------------|---|---------------|
| Kupiec, Jared | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1192 | |
| Secondary Payee Golf Galaxy | Purpose of Expenditure A-TV | <input type="checkbox"/> Debit Card | |
| Street Address 1355 Boston Post Rd | City Milford | State CT | |
| Zip Code 06460-2755 | | Event # | |
| Description tv shoot-advertising | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$127.14 |
| Stango, Benjamin | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1525 | |
| Secondary Payee Target | Purpose of Expenditure EFV * | <input type="checkbox"/> Debit Card | |
| Street Address 200 Universal Dr N | City North Haven | State CT | |
| Zip Code 06473-3156 | | Event # | |
| Description phones | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$69.84 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|---------------------------------|---|--|
| Stango, Benjamin | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1525 | |
| Secondary Payee Target | Purpose of Expenditure EFV * | <input type="checkbox"/> Debit Card | |
| Street Address 200 Universal Dr N | City North Haven | State CT | |
| Zip Code 06473-3156 | | Event # | |
| Description phones | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$63.49 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Max Bibos on Main | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 250 Main St | City Hartford | State CT | |
| Zip Code 06106-1867 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$27.03 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee The Corner Deli | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 2773 Dixwell Ave | City Hamden | State CT | |
| Zip Code 06518-3340 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$7.69 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Skappo Merkato | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 51 Orange St | City New Haven | State CT | |
| Zip Code 06510-3150 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$8.00 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee It's Only Natural | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 386 Main St | City Middletown | State CT | |
| Zip Code 06457-3360 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$32.86 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Victoria Station Cafe LLC | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 91 Main St | City Putnam | State CT | |
| Zip Code 06260-1919 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$33.07 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Kupiec, Jared | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1192 | |
| Secondary Payee Dunkin Donuts | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 1179 Chapel St | City New Haven | State CT | |
| Zip Code 06511-4701 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$134.46 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Bru Cafe | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 141 Orange St | City New Haven | State CT | |
| Zip Code 06510-3111 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$7.40 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Bru Cafe | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 141 Orange St | City New Haven | State CT | | Zip Code 06510-3111 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$4.85 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Madi & Mias Cafe | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 167 Orange St | City New Haven | State CT | | Zip Code 06510-3111 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$6.36 | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee La Paloma Sabenera | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 405 Capitol Ave | City Hartford | State CT | | Zip Code 06106-1414 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$100.00 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Outback Steakhouse | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 98 Elm St | City Enfield | State CT | | Zip Code 06082-3732 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$11.08 | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee The New Triple | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 1209 Main St | City East Hartford | State CT | |
| Zip Code 06108-2276 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$6.30 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee The Corner Deli | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 2773 Dixwell Ave | City Hamden | State CT | |
| Zip Code 06518-3340 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$6.89 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Skappo Merkato | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 51 Orange St | City New Haven | State CT | |
| Zip Code 06510-3150 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$9.81 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Hunan Gourmet | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 68 E Putnam Ave | City Greenwich | State CT | |
| Zip Code 06830-5626 | | Event # | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$13.87 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Sunoco | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 474 Bank St | City Waterbury | State CT | | Zip Code 06708-3502 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$4.00 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Thali | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 4 Orange St | City New Haven | State CT | | Zip Code 06510-3316 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$17.95 | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Kudeta | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 27 Temple St | City New Haven | State CT | |
| Zip Code 06510-2714 | Event # | | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$11.50 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Willimantic Brewing Company | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 967 Main St | City Willimantic | State CT | |
| Zip Code 06226-2330 | Event # | | |
| Description food and beverage | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$15.59 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|-------------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee The Fat Cat Pie Co. | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 9 E Wall St # 11 | City Norwalk | State CT | | Zip Code 06851-4814 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$1,365.00 | |
| Killeffer, Alexander | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1195 | | |
| Secondary Payee Panera Bread | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 596 Westport Ave | City Norwalk | State CT | | Zip Code 06851-4439 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$6.03 | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|----------------------------------|---|--------|--|
| Killeffer, Alexander | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1195 | | |
| Secondary Payee Panera Bread | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | | |
| Street Address 596 Westport Ave | City Norwalk | State CT | | Zip Code 06851-4439 |
| Description food and beverage | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name Office Sought |
| | | | \$1.90 | |
| Winter, Steven | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1197 | | |
| Secondary Payee Radio Shack | Purpose of Expenditure OFFICE | <input type="checkbox"/> Debit Card | | |
| Street Address 1455 Whalley Ave | City New Haven | State CT | | Zip Code 06515-1153 |
| Description office supplies | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name Office Sought |
| | | | \$5.29 | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|----------------------------------|---|---|
| Santacroce, Matthew | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1524 | |
| Secondary Payee Radio Shack | Purpose of Expenditure OFFICE | <input type="checkbox"/> Debit Card | |
| Street Address 1455 Whalley Ave | City New Haven | State CT | Zip Code 06515-1153 |
| Description office supply | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$52.99 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Shaws Supermarket | Purpose of Expenditure OFFICE | <input type="checkbox"/> Debit Card | |
| Street Address PO Box 600 | City East Bridgewater | State MA | Zip Code 02333-0600 |
| Description office supplies | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$0.75 |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|-------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee AT&T | Purpose of Expenditure OVHD | <input type="checkbox"/> Debit Card | |
| Street Address PO Box 8110 | City Aurora | State IL | Zip Code 60507 |
| Description telephone expense | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$300.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee AT&T | Purpose of Expenditure OVHD | <input type="checkbox"/> Debit Card | |
| Street Address PO Box 8110 | City Aurora | State IL | Zip Code 60507 |
| Description telephone expense | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$67.96 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Gulf | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 927 Park Ave | City Bridgeport | State CT | Zip Code 06604-3917 |
| Description gas | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$54.54 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Gulf | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 927 Park Ave | City Bridgeport | State CT | Zip Code 06604-3917 |
| Description gas | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$52.66 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Exxon Mobil | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 520 E Putnam Ave | City Greenwich | State CT | | Zip Code 06830-4806 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$58.50 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Exxon Mobil | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 520 E Putnam Ave | City Greenwich | State CT | | Zip Code 06830-4806 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$52.05 | |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Exxon Mobil | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 520 E Putnam Ave | City Greenwich | State CT | | Zip Code 06830-4806 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$51.30 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Enfield 728 Valero | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 56 Enfield St | City Enfield | State CT | | Zip Code 06082-1910 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$54.50 | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Angelo's Auto Center | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 388 Bridgeport Ave | City Milford | State CT | | Zip Code 06460-4102 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$52.51 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Jeens Market | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 1071 Main St | City Willimantic | State CT | | Zip Code 06226-2129 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$16.47 | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Splash | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 73 E Putnam Ave | City Cos Cob | State CT | |
| Zip Code 06807-2607 | Event # | | |
| Description car wash | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$26.99 |
| Winter, Steven | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1197 | |
| Secondary Payee Church Street Garage | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 200 Church St | City Hartford | State CT | |
| Zip Code 06103-1103 | Event # | | |
| Description parking | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$8.00 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Gulf | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 927 Park Ave | City Bridgeport | State CT | Zip Code 06604-3917 |
| Description gas | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$44.00 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Gulf | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 927 Park Ave | City Bridgeport | State CT | Zip Code 06604-3917 |
| Description gas | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought \$40.00 |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|---------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Shell | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 335 Capitol Ave | City Hartford | State CT | |
| Zip Code 06106-1412 | | Event # | |
| Description gas | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$40.00 |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | |
| Secondary Payee Metro Taxi | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | |
| Street Address 65 Industry Dr | City West Haven | State CT | |
| Zip Code 06516-1443 | | Event # | |
| Description taxi - travel | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$10.00 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Pro Park | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 40 Temple St | City Hartford | State CT | | Zip Code 06103-1318 |
| Description parking | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$8.00 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Sunoco | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 474 Bank St | City Waterbury | State CT | | Zip Code 06708-3502 |
| Description gas | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$66.00 | |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------------|
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Pro Park | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 40 Temple St | City Hartford | State CT | | Zip Code 06103-1318 |
| Description parking | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$20.00 | |
| Marc Bradley | 06/14/2010 | <input checked="" type="checkbox"/> Check # 1193 | | |
| Secondary Payee Courtyard Marriott | Purpose of Expenditure TRVL | <input type="checkbox"/> Debit Card | | |
| Street Address 63 Grand St | City Waterbury | State CT | | Zip Code 06702-2224 |
| Description parking | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | Other Candidate(s) Name |
| | | | Office Sought | |
| | | | \$4.00 | |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount | |
|---|--------------------------------|---|---------------|-------------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | | |
| Secondary Payee Elvira Albert | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | | |
| Street Address 38 Klondike Ave | City Stamford | State CT | | Zip Code 06907 |
| Description Payroll | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$1,750.00 | |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | | |
| Secondary Payee Gabe Rosenberg | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | | |
| Street Address 270 Thorton St | City Hamden | State CT | | Zip Code 06517 |
| Description Payroll | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$4,000.00 | |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|--|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Marc C Bradley | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 29 Yarmouth Rd Apt T | City Norwalk | State CT | Zip Code 06853-1856 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$3,000.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Benjamin Stango | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 755 Beacom Ln | City Merion Station | State PA | Zip Code 19066-1603 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,029.17 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|--|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Fletcher Gibson, IV | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 111 Park St Apt 6R | City New Haven | State CT | Zip Code 06511-5456 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$1,750.00 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Daniel J Gross | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 94 William St Apt 1 | City New Haven | State CT | Zip Code 06511-4939 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$4,000.00 |

IV. EXPENDITURES

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| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|--|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Justine Sessions | Purpose of Expenditure WAGE | | |
| Street Address 2939 Van Ness St NW | City Washington | State DC | Zip Code 20008-4631 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$3,000.00 |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Jennifer Just | Purpose of Expenditure WAGE | | |
| Street Address 157 Center Rd | City Woodbridge | State CT | Zip Code 06525-1840 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$369.28 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Jared Kupiec | Purpose of Expenditure WAGE | | |
| Street Address 311 Quaker Ln S | City West Hartford | State CT | Zip Code 06119-2220 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$3,250.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Andrew Callahan | Purpose of Expenditure WAGE | | |
| Street Address 47 Metacomet Rd | City Farmington | State CT | Zip Code 06032-1801 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,625.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|--|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Seth Bannon | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 54 Wauwinet Ct | City Guilford | State CT | Zip Code 06437-1101 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$2,000.00 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Brian Coy | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 900 N Randolph St Apt 1415 | City Arlington | State VA | Zip Code 22203-4073 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$2,500.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Ruth Yorke | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 7 Ridge Rd | City Cos Cob | State CT | |
| Zip Code 06807-2309 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$1,029.17 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wrie | |
| Secondary Payee Rebecca Slutzky | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 2417 Northfield Rd | City Charlottesville | State VA | |
| Zip Code 22901-1727 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$3,000.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Elizabeth Donovan | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 32 Woodvale Rd | City Branford | State CT | |
| Zip Code 06405 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$1,250.00 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Kelly Popp | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 69 Belden Rd | City Hamden | State CT | |
| Zip Code 06514-3709 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$1,250.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|--|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Matthew Santacroce | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 10 Earl St | City Manchester | State CT | Zip Code 06040-4336 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,100.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Jason Barnaby | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 214 Daisy Cir | City McDonough | State GA | Zip Code 30252-1040 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,500.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Eric Bornstein | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 12 Bellevue Ave | City Dobbs Ferry | State NY | |
| Zip Code 10522-2606 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,500.00 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Rebecca Bowers | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 88 Grange Rd | City Lancaster | State NH | |
| Zip Code 03584-3431 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,750.00 |
| Other Candidate(s) Name | | | |
| Office Sought | | | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|--|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Ryan Cook | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 499 Charles St | City Torrington | State CT | Zip Code 06790-3420 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$1,500.00 |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Steven Winter | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address PO Box 205154 | City New Haven | State CT | Zip Code 06520-5154 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought |
| | | | \$1,029.17 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Meghan Moorlach | Purpose of Expenditure WAGE | | |
| Street Address 169 Orange St | City New Haven | State CT | Zip Code 06510-3111 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$2,251.10 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Jeffrey Compagna | Purpose of Expenditure WAGE | | |
| Street Address 3 Norton Woods Dr | City Newmarket | State NH | Zip Code 03857-2111 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$664.72 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Alexander Killeffer | Purpose of Expenditure WAGE | | |
| Street Address 6 Bittersweet Trl | City Norwalk | State CT | Zip Code 06853-1201 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,750.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Joshua Schneider | Purpose of Expenditure WAGE | | |
| Street Address 106 Foster St # 1 | City New Haven | State CT | Zip Code 06511-2655 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,750.00 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|--|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Audrey Tyson | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 471 Whalley Ave Unit H | City New Haven | State CT | Zip Code 06511-3068 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$2,000.00 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Margaret Van Cleave | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 169 Orange St | City New Haven | State CT | Zip Code 06510-3111 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$4,500.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|--|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Kevin Wilson | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 1081 Alden Ln | City Buffalo Grove | State IL | Zip Code 60089-1304 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$1,500.00 |
| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Courtney Powers | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 12 Johnson Pl | City Rye | State NY | Zip Code 10580-1142 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$1,500.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Kelley Stieh | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 101 Little Acorn Ct | City Shohola | State PA | |
| Zip Code 18458-3600 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$1,384.80 |
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Jenna Moran | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 3279 Scotts Valley Rd | City Lakeport | State CA | |
| Zip Code 95453-9436 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$2,000.00 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|--|------------------------|
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Dustin Minore | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 350 Cedarwood Dr | City Orange | State CT | Zip Code 06477-1665 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,029.17 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant Administaff | Date of Payment 06/15/2010 | Method of Payment <input checked="" type="checkbox"/> Check # | Amount |
| Secondary Payee Terence Schroeder | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 136 Prospect Hill Rd | City Colchester | State CT | Zip Code 06415-1620 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$1,029.17 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|------------|
| Administaff | 06/15/2010 | <input checked="" type="checkbox"/> Check # Wire | |
| Secondary Payee Rephael Chorew | Purpose of Expenditure WAGE | <input type="checkbox"/> Debit Card | |
| Street Address 203 Meriden Ave | City Southington | State CT | |
| Description Payroll | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$1,029.17 |
| Bannon, Seth | 06/15/2010 | <input checked="" type="checkbox"/> Check # 1527 | |
| Secondary Payee Marco Polo Pizzeria | Purpose of Expenditure FOOD | <input type="checkbox"/> Debit Card | |
| Street Address 55 Crown St | City New Haven | State CT | |
| Description food and beverage | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$57.40 |

IV. EXPENDITURES

| | |
|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
|---|--------------------------------|---|----------|
| Administaff | 06/16/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Greta Twombly | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 4302 Ridgewood Ct | City West Palm Beach | State FL | |
| Zip Code 33403-1161 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$854.64 |
| Administaff | 06/16/2010 | <input checked="" type="checkbox"/> Check # | |
| Secondary Payee Katherine Calle | Purpose of Expenditure WAGE | Wire <input type="checkbox"/> Debit Card | |
| Street Address 25 Judith Dr | City Danbury | State CT | |
| Zip Code 06811-3443 | | Event # | |
| Description Payroll | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Other Candidate(s) Name | | | |
| Office Sought | | | \$189.92 |

IV. EXPENDITURES

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|---------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Lamont For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|--|
| Name of Worker/Consultant Administaff | Date of Payment 06/16/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Kevin Driscoll | Purpose of Expenditure WAGE | | |
| Street Address 2 Hawks Nest Ln | City Green Village | State NJ | Zip Code 07935-3500 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$1,029.17 |
| Name of Worker/Consultant Administaff | Date of Payment 06/16/2010 | Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card | Amount |
| Secondary Payee Christopher Finch | Purpose of Expenditure WAGE | | |
| Street Address 111 West Pkwy | City Bridgeport | State CT | Zip Code 06604-1929 |
| Description Payroll | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$1,029.17 |
| Total of Section R | | | \$86,620.12 |

| IV. EXPENDITURES | | | | |
|---|------|-------|----------|--|
| NAME OF COMMITTEE | | | | FILING DUE DATE |
| Lamont For Governor | | | | |
| S. Surplus Distribution of Equipment and Furniture | | | | |
| Name of Recipient | | | | Original Purchase Amount of Item |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Total of Section S | | | | |