

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

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Page 1 of 47

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Dan Malloy For Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Len	S	Miller						
4. TREASURER ADDRESS									
Street Address			City		State		Zip Code		
8 Kings Ln			Essex		CT		06426		
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					
	Dannel	P.	Malloy						
9. TYPE OF REPORT									
2nd Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
06/10/2010			thru		06/23/2010				
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			Len Miller			06/24/2010			
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	
Dan Malloy 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	\$2,110,584.07	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$192,746.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$47,444.41
16. Other Monetary Receipts (Section D-1)	\$0.00	\$2,187,434.21
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)	\$0.00	\$2,427,624.62
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2,110,584.07	\$2,427,624.62
20. Expenses Paid by Committee (Section N)	\$1,820,505.85	\$2,137,546.40
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$290,078.22	\$290,078.22
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$1,797.67
23. In-Kind Contributions Received (Section K)	\$0.00	\$165.82
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)	\$267.50	\$707.03
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$200.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$200.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE						FILING DUE DATE		
Dan Malloy For Governor								
A. Total Contributions from Small Contributors-Received this Period ONLY <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A		
B. Itemized Contributions from Individuals								
Last Name		First Name		MI	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		Date Received	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes 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:		Yes No Executive Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Aggregate Contributions		
Total of Section B								
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS				(Sections A & B)		<i>(Total on Line 14 of Summary Page)</i>		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

C1. Contributions from Other Committees

Name of Committee	Name of Treasurer
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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
Dan Malloy 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
Dan Malloy 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
Dan Malloy For Governor	

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment
		Cash Personal Check Credit/Debit Card

Total of Section E

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

I. MONETARY RECEIPTS (Section A-K)					
NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Governor					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dan Malloy For Governor	FILING DUE DATE
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JI. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 05/28/2010 A	Other Event	588 Franklin Ave	Hartford	CT	06114

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 06/08/2010 A	Other Event	1 Union Pl	Hartford	CT	06102

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 06/11/2010 A	Other Event	159 Main St	Westport	CT	06114

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 06/15/2010 A	Other Event	50 Arnold Dr	Stamford	CT	06905

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
Dan Malloy 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:				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
Dan Malloy For Governor	

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy 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? If yes, indicate which branch or branches of government the contract is with:		Yes No 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
Dan Malloy 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	
Dan Malloy 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
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Paychex	06/10/2010	<input type="checkbox"/> Check #	
Street Address 11 Riverbend Dr S	City Stamford	State CT	Zip Code 06907-2524
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description		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
			\$78.39
Paychex	06/10/2010	<input type="checkbox"/> Check #	
Street Address 11 Riverbend Dr S	City Stamford	State CT	Zip Code 06907-2524
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description		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
			\$156.77
GSG Communications, LLC	06/10/2010	<input type="checkbox"/> Check #	
Street Address 895 Broadway Fl 5	City New York	State NY	Zip Code 10003-1226
Purpose of Expenditure CNSLT		<input checked="" type="checkbox"/> Debit Card	
Description		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
			\$28,750.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
GSG Communications, LLC					06/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
895 Broadway Fl 5		New York	NY	10003-1226	A-OTH		
Description						Event #	
online advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$75,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					06/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2		Stamford	CT	06901-1741	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					06/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2		Stamford	CT	06901-1741	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					06/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$42.43
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SKD Knickerbocker					06/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1818 N St NW Ste 450		Washington	DC	20036-2473	A-TV		
Description						Event #	
media production and consulting services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,687,945.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dianne Kaplan DeVries					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>305</u> <input type="checkbox"/> Debit Card	
250 Main St Apt 616		Hartford	CT	06106-1873	REF		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Systiplex					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	306	
1 Atlantic St		Stamford	CT	06901-2482	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$617.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	303	
PO Box 9256		Chelsea	MA	02150-9256	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
phones, internet							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$184.70
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	304	
277 Ocean Dr E		Stamford	CT	06902-8219	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$167.23
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	307	
277 Ocean Dr E		Stamford	CT	06902-8219	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$45.49
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					06/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	302	
41 Bennetts Bridge Rd		Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Cornish Properties					06/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	308	
PO Box 1222		New London	CT	06320-1222	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
New London rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,200.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
316 Hedgerow Ln		Doylestown	PA	18901-5736	WAGE		
Description						Event #	
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							\$323.08
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
420 James St		Bay City	MI	48706-3930	WAGE		
Description						Event #	
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							\$807.69
Name of Payee					Date of Payment	Method of Payment	Amount
Josh Cantor					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
39 Colony Rd		West Hartford	CT	06117-2215	WAGE		
Description						Event #	
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							\$138.46

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Shawn R. Flaherty					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
61 Steep Hollow Ln		Manchester	CT	06040-4521	WAGE		
Description						Event #	
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							\$2,099.99
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	WAGE		
Description						Event #	
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							\$1,846.15
Name of Payee					Date of Payment	Method of Payment	Amount
Emma Gleason					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
220 W Norwalk Rd		Norwalk	CT	06850-4316	WAGE		
Description						Event #	
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							\$276.92

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
113 Brainard Rd		Colchester	CT	06415-2040	WAGE		
Description						Event #	
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							\$830.77
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1465 E Putnam Ave Apt 118		Old Greenwich	CT	06870-1330	WAGE		
Description						Event #	
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							\$3,923.08
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
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							\$1,583.45

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
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							\$80.76
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
4 Gorman Pl		East Hartford	CT	06108-1450	WAGE		
Description						Event #	
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							\$403.85
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
50 Arnold Dr		Stamford	CT	06905-1301	WAGE		
Description						Event #	
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							\$1,338.46

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	WAGE		
Description						Event #	
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							\$2,115.38
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
215 Oxford St		Hartford	CT	06105-2249	WAGE		
Description						Event #	
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							\$1,653.84
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					06/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
42 Lancaster Rd		West Hartford	CT	06119-1521	WAGE		
Description						Event #	
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							\$80.76

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Shirley A. Surgeon	06/18/2010	<input type="checkbox"/> Check #		
Street Address 160 Adams St	City Hartford	State CT		Zip Code 06112-1802
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				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	
			\$692.31	
SEIU 32BJ	06/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY		Zip Code 10013-1941
Purpose of Expenditure CNSLT				<u>311</u> <input type="checkbox"/> Debit Card
Description salary and benefits for services of SEIU employee				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	
			\$2,167.03	
Anthem Blue Cross and Blue Shield	06/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 11017	City Lewiston	State ME		Zip Code 04243-9468
Purpose of Expenditure WAGE				<u>310</u> <input type="checkbox"/> Debit Card
Description				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	
			\$174.82	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Matthew Gianquinto	06/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 215 Oxford St	City Hartford	State CT		Zip Code 06105-2249
Purpose of Expenditure RCW				313 <input type="checkbox"/> Debit Card
Description				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		
			\$40.27	
Arielle Reich	06/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 25 Adams Ave Unit 110	City Stamford	State CT		Zip Code 06902-3785
Purpose of Expenditure RCW				314 <input type="checkbox"/> Debit Card
Description				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		
			\$1,170.17	
Katharine S. Urbank	06/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 227 Brookdale Rd	City Stamford	State CT		Zip Code 06903-4118
Purpose of Expenditure RCW				312 <input type="checkbox"/> Debit Card
Description				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		
			\$733.48	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ellen Camhi					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>325</u>	
50 Arnold Dr		Stamford	CT	06905-1301	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$107.43
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>317</u>	
41 Bennetts Bridge Rd		Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>320</u>	
41 Bennetts Bridge Rd		Sandy Hook	CT	06482-1440	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$54.33
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>321</u>	
277 Ocean Dr E		Stamford	CT	06902-8219	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$100.27
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>322</u>	
1465 E Putnam Ave Apt 118		Old Greenwich	CT	06870-1330	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$729.67
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					06/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>318</u>	
PO Box 9256		Chelsea	MA	02150-9256	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$276.05
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Shawn R. Flaherty	06/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 61 Steep Hollow Ln	City Manchester	State CT		Zip Code 06040-4521
Purpose of Expenditure RCW				319
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$40.00	
Great Hall	06/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1 Union Pl	City Hartford	State CT		Zip Code 06103-1400
Purpose of Expenditure FNDR				324
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$312.50	
Oscar's Delicatessen	06/23/2010	<input checked="" type="checkbox"/> Check #		
Street Address 159 Main St	City Westport	State CT		Zip Code 06880-3301
Purpose of Expenditure FNDR				323
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$25.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					06/23/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
1593 New Britain Ave	West Hartford	CT	06110-2015	TRVL			
Description					Event #		
gas for campaign car							
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							\$42.87
Total of Section N						\$1,820,505.85	

IV. EXPENDITURES

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Dan Malloy For Governor						
O. Campaign Expenses Paid By Candidate						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Connecticut Convention Center				06/10/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
100 Columbus Blvd		Hartford	CT	06103-2806		
Purpose of Expenditure	Description			Event #		
TRVL					\$5.00	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Quality Petroleum				06/10/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
180 Connecticut Ave # I -95S Exit 14		Norwalk	CT	06854-1962		
Purpose of Expenditure	Description			Event #		
TRVL	gas for campaign car				\$48.16	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Amity Mobil				06/13/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
1474 Whalley Ave		New Haven	CT	06515-1129		
Purpose of Expenditure	Description			Event #		
TRVL	gas for campaign car				\$45.89	
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Monro Muffler/Brake				06/14/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address		City	State	Zip Code		
330 Prospect Ave , Shop 510		Hartford	CT	06106-2028		
Purpose of Expenditure	Description			Event #		
TRVL					\$29.11	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
7-Eleven	06/14/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$39.07	
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Purpose of Expenditure TRVL	Description gas for campaign car			Event #
Cumberland Farms	06/19/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$47.43	
Street Address 1023 Boston Post Rd	City Milford	State CT		Zip Code 06460-3533
Purpose of Expenditure TRVL	Description gas for campaign car			Event #
Performance Auto	06/23/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$47.14	
Street Address 224 Magee Ave	City Stamford	State CT		Zip Code 06902-5926
Purpose of Expenditure TRVL	Description			Event #
Hartford Parking Authority	06/23/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.70	
Street Address 155 Morgan St	City Hartford	State CT		Zip Code 06103-1309
Purpose of Expenditure TRVL	Description parking meters, Hartford			Event #
Total of Section O			\$267.50	

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Dan Malloy For Governor						
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor					Date of Transaction	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor Carbone's Ristorante	Date Incurred 06/23/2010	Event # 05282010A	Amount Incurred (Estimate or Actual)
Street Address 588 Franklin Ave	City Hartford	State CT	
Purpose of Expenditure FNRD	Description co-payment for promotional appearance by Dan Malloy		\$200.00
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	

Total of Section Q	\$200.00
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IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Reich, Arielle	Date of Payment 06/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Stamford	Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description film permit			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$278.40
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Reich, Arielle	Date of Payment 06/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Stamford	Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description film permit			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kelly, Daniel	Date of Payment 06/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Electronic Recycling	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 97 West Ave	City Stratford	State CT	Zip Code 06615-6112
Description printer			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
Name of Worker/Consultant Kelly, Daniel	Date of Payment 06/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Madina Auto Body & Sales	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 30 Airport Rd	City Hartford	State CT	Zip Code 06114-2001
Description towed car			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
			\$111.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Urbank, Katharine	06/14/2010	<input type="checkbox"/> Check #	
Secondary Payee T-Mobile	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 100 Greyrock Pl Ste E-105	City Stamford	State CT	Zip Code 06901-3118
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$433.99
Other Candidate(s) Name Office Sought			
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kelly, Daniel	06/16/2010	<input type="checkbox"/> Check #	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$493.91
Other Candidate(s) Name Office Sought			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
McArdle, Chris	06/16/2010	<input type="checkbox"/> Check #		
Secondary Payee yousendit	Purpose of Expenditure WEB	<input checked="" type="checkbox"/> Debit Card		
Street Address 1919 S Bascom Ave Fl 3	City Campbell	State CA		Zip Code 95008-2220
Description		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	
			\$29.97	
Urbank, Katharine	06/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Keogh's Turn of River Hardware	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 907 High Ridge Rd	City Stamford	State CT		Zip Code 06905-1916
Description office keys		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	
			\$38.06	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Gianquinto, Matthew	06/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2299 Summer St	City Stamford	State CT		Zip Code 06905-4502
Description		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	
			\$40.27	
Kelly, Daniel	06/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Trumbull Kitchen	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 150 Trumbull St	City Hartford	State CT		Zip Code 06103-2403
Description		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	
			\$48.76	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
McArdle, Chris	06/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 775 Main St S	City Southbury	State CT		Zip Code 06488-2271
Description		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	
			\$24.36	
Flaherty, Shawn	06/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 181 Franklin Ave	City Hartford	State CT		Zip Code 06114-1336
Description		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

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Reich, Arielle	06/22/2010	<input type="checkbox"/> Check #	
Secondary Payee City Of Stamford	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description July health insurance			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 \$756.76
Camhi, Ellen	06/23/2010	<input type="checkbox"/> Check #	
Secondary Payee Stew Leonard's	Purpose of Expenditure FNRD	<input checked="" type="checkbox"/> Debit Card	
Street Address 100 Westport Ave	City Norwalk	State CT	Zip Code 06851-3915
Description			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 \$107.43
Total of Section R			\$2,840.34

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy 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				