

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 92

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									
4th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
07/08/2010			thru		07/14/2010				
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			07/15/2010			
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	\$1,409,630.14	
14. Contributions received from Individuals (Section A and B)	\$11,755.00	\$477,064.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-1)	\$450.00	\$4,853,750.45
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)	\$12,205.00	\$5,331,344.98
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,421,835.14	\$5,331,344.98
20. Expenses Paid by Committee (Section N)	\$896,075.02	\$4,805,584.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$525,760.12	\$525,760.12
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$4,229.00	\$24,963.52
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	\$100.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$100.00
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)	\$21,711.99	\$129,766.69
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$10,032.71	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$10,032.71	

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 Wallace	First Name Pekah	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 # 1046	Amount of Contribution
Residential Street Address 14 Rundelane	City Bloomfield	State CT	Zip Code 06002-1523	Date Received 07/08/2010	
Principal Occupation Civil rights Enforcement	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Moynihan	First Name Abigail	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 # 1047	Amount of Contribution
Residential Street Address 16 Old Witch Ct	City Norwalk	State CT	Zip Code 06853	Date Received 07/08/2010	
Principal Occupation Teacher and Partner	Name of Employer Pear Tree Point School and Tilwell petroleum	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 Creamer	First Name Ron	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 # 1048	Amount of Contribution
Residential Street Address 224 W 18th St PH A	City New York	State NY	Zip Code 10011-0014	Date Received 07/08/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 Wertheim	First Name Frederick	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 # 1049	Amount of Contribution
Residential Street Address 200 Central Park S Apt 20J	City New York	State NY	Zip Code 10019-1447	Date Received 07/08/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Baumgardner	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 # 1050	Amount of Contribution
Residential Street Address 149 Riverside Dr Apt 3K	City New York	State NY	Zip Code 10024	Date Received 07/08/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00
Last Name Shapiro	First Name Paul	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 # 1052	Amount of Contribution
Residential Street Address 140 Davis Rd .	City Mansfield	State CT	Zip Code 06268	Date Received 07/08/2010	
Principal Occupation retired	Name of Employer none	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 Lindauer	First Name Erik	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 # 1053	Amount of Contribution
Residential Street Address 37 Seminole Way	City Short Hills	State NJ	Zip Code 07078	Date Received 07/08/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 Adams	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 # 1055	Amount of Contribution
Residential Street Address 282 Wormwood Hill Rd	City New Haven	State CT	Zip Code 06520	Date Received 07/08/2010	
Principal Occupation Administrator	Name of Employer Chamber of Commerce - Windham	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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Leeds	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 # 1056	Amount of Contribution
Residential Street Address 435 E 52nd St # 11-G	City New York	State NY	Zip Code 10022-6445	Date Received 07/08/2010	
Principal Occupation Private Equity Fund Manager	Name of Employer Leeds Equity Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$500.00	\$500.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Corson	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 # 1054	Amount of Contribution
Residential Street Address 75 Field Point Cir	City Greenwich	State CT	Zip Code 06830	Date Received 07/08/2010	
Principal Occupation not employed	Name of Employer none	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Adams	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 # 1051	Amount of Contribution
Residential Street Address 282 Wormwood Hill Rd .	City Mansfield	State CT	Zip Code 06250	Date Received 07/08/2010	
Principal Occupation Utilization Reviewer	Name of Employer Natchaug Hospital	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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$100.00	\$100.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Last Name Orme	First Name Camille	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 # 1057	Amount of Contribution
Residential Street Address 182 Norfolk St Apt 1	City New York	State NY	Zip Code 10002-1678	Date Received 07/09/2010	
Principal Occupation Lawyer	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00	\$1,000.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Harms	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 # 1059	Amount of Contribution
Residential Street Address 215 Loring Ave	City Pelham	State NY	Zip Code 10803	Date Received 07/12/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 Chatterjee	First Name Whitney	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 # 1060	Amount of Contribution
Residential Street Address 36 N Moore St Apt 6	City New York	State NY	Zip Code 10013	Date Received 07/12/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00
Last Name Arielo	First Name Dinamary	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 # 1061	Amount of Contribution
Residential Street Address 21 Temple St Apt 609	City Hartford	State CT	Zip Code 06103-1325	Date Received 07/12/2010	
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>07102010a</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 Neuhaus	First Name Joseph	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 # 1062	Amount of Contribution
Residential Street Address 328 W 22nd St	City New York	State NY	Zip Code 10011-2602	Date Received 07/12/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Friedman	First Name Stacey	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 # 1063	Amount of Contribution
Residential Street Address 56 Prospect Pl	City Brooklyn	State NY	Zip Code 11217	Date Received 07/12/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00
Last Name Dowling	First Name Charles	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 # 1058	Amount of Contribution
Residential Street Address 65 Meadow Rd	City Riverside	State CT	Zip Code 06878	Date Received 07/12/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00
Last Name Chavez	First Name Daisy	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 # 1069	Amount of Contribution
Residential Street Address 547 Simsbury Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Washington	First Name William	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 # 1079	Amount of Contribution
Residential Street Address 622 Park Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Snow	First Name Cordell	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 # 1082	Amount of Contribution
Residential Street Address 18 Briar Ln	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$30.00	\$30.00
Last Name reynolds	First Name jock	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 # 1089	Amount of Contribution
Residential Street Address 437 Humphrey St	City New Haven	State CT	Zip Code 06511-3710	Date Received 07/13/2010	
Principal Occupation art museum director	Name of Employer yale university	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 Scott	First Name John	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1080	Amount of Contribution
Residential Street Address 16 Bob White Way	City Weatogue	State CT	Zip Code 06089-9736	Date Received 07/13/2010	
Principal Occupation Manager of Administrative Computing	Name of Employer American International College	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$125.00	\$100.00
Last Name Simon	First Name Alan	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 # 1083	Amount of Contribution
Residential Street Address 66 Wilton Rd	City Windsor	State CT	Zip Code 06095-3609	Date Received 07/13/2010	
Principal Occupation Business Development	Name of Employer Hoffman Auto Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Panke	First Name Carol	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 # 1076	Amount of Contribution
Residential Street Address 116 Wintonbury Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation Teachers Aide	Name of Employer East Granby Board of Directors	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Milner	First Name Brenda	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 # 1085	Amount of Contribution
Residential Street Address 207 Park Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Graham	First Name Halesteen	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 # 1081	Amount of Contribution
Residential Street Address 89 Wintonbury Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$30.00	\$30.00
Last Name Jackson	First Name Annie	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 # 1067	Amount of Contribution
Residential Street Address 32 Filley St	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation Substitute Teacher	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Suggs-Alston	First Name Felicia	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 # 1084	Amount of Contribution
Residential Street Address 17 Lovelace Dr	City West Hartford	State CT	Zip Code 06117	Date Received 07/13/2010	
Principal Occupation Attorney	Name of Employer Asst AG's office	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Beck	First Name Curt	MI F	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 # 1088	Amount of Contribution
Residential Street Address 11 September Rd	City Mansfield	State CT	Zip Code 06268-2806	Date Received 07/13/2010	
Principal Occupation Retired U Conn Professor	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Simpson	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 # 1066	Amount of Contribution
Residential Street Address 9 Pine Grove Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation Human & Opportunities	Name of Employer State of CT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Roberts	First Name Jonathan	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 # 1064	Amount of Contribution
Residential Street Address 114 Vista Ter S	City Mahopac	State NY	Zip Code 10541-3175	Date Received 07/13/2010	
Principal Occupation Financial Analyst	Name of Employer Klingenstein, Fields & Co., L.L.C.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</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 \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Sherrod	First Name Denise	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1065	Amount of Contribution
Residential Street Address 22 Oakland Ter	City Hartford	State CT	Zip Code 06112	Date Received 07/13/2010	
Principal Occupation not employed	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$5.00	\$5.00
Last Name Bolden Barrett	First Name Valerie	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 # 1068	Amount of Contribution
Residential Street Address 32 Terry Plains Rd	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation writer/editor	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Brown	First Name Judith	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 # 1070	Amount of Contribution
Residential Street Address 147 Green Woods Ln	City East Windsor	State CT	Zip Code 06088	Date Received 07/13/2010	
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>07102010a</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 Madden	First Name April	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 # 1071	Amount of Contribution
Residential Street Address 85 Capen St	City Windsor	State CT	Zip Code 06095	Date Received 07/13/2010	
Principal Occupation Claims Analyst	Name of Employer The Hartford	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Nixon	First Name Helen	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 # 1072	Amount of Contribution
Residential Street Address 19 Sunset St	City Windsor	State CT	Zip Code 06095	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Brown	First Name Shirley	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1073	Amount of Contribution
Residential Street Address 36 Taylor Dr	City Hartford	State CT	Zip Code 06120	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Onikuyide	First Name Emmanuel	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 # 1075	Amount of Contribution
Residential Street Address 21 Lovelace Dr	City West Hartford	State CT	Zip Code 06117	Date Received 07/13/2010	
Principal Occupation Financial Analyst	Name of Employer Hartford Steam Boiler	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Gough	First Name Kevin	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 # 1077	Amount of Contribution
Residential Street Address 5 Bear Ridge Dr .	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation Actuary	Name of Employer Mass Mutual	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Jones	First Name Paula	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 # 1078	Amount of Contribution
Residential Street Address 5 Bear Ridge Dr .	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation Actuary	Name of Employer Sun Life Financial	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 Flemming	First Name Janice	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1086	Amount of Contribution
Residential Street Address 69 Gillett St Apt 410	City Hartford	State CT	Zip Code 06105	Date Received 07/13/2010	
Principal Occupation CEO	Name of Employer The Voices of Women of Color LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$5.00	\$5.00
Last Name Williams	First Name Carla	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1087	Amount of Contribution
Residential Street Address 15 Windchester St	City Hartford	State CT	Zip Code 06105	Date Received 07/13/2010	
Principal Occupation Sr. Community Organizer	Name of Employer The Voices of Women of Color LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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 \$5.00	\$5.00
Last Name Hazel	First Name Eliza Mae	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 # 1074	Amount of Contribution
Residential Street Address 156 Wintonbury	City Bloomfield	State CT	Zip Code 06002	Date Received 07/13/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</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
Total of Section B					\$11,755.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$11,755.00

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	If yes, list Event #
						No	
City		State	Zip Code	Date Received	Aggregate Contributions		Amount of Contribution
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 No	
				Candidate		
Name of Cosigner/Guarantor				Individual		
				Other Committee		
Street Address	City	State	Zip Code	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
		Cash Personal Check Credit/Debit Card

Total of Section E	
---------------------------	--

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:	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	
Lamont For Governor					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
People's Bank United			07/12/2010		
Street Address		City	State	Zip Code	
410 Greenwich Ave		Greenwich	CT	06830-6523	
Description					\$450.00
Bank Charge Reversal					
Total of Section I					\$450.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Lamont For Governor	FILING DUE DATE
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 07/10/2010	Letter a	Meet and Greet Event	Joe Suggs' Home 10 Sandpiper Dr	Bloomfield	CT 06002

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 07/13/2010	Letter a	Home Fundraiser	145 Central Park W Apt 13A	New York	NY 10023

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 Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment:				Aggregate Amount of Purchases
			Cash	Personal Check	Credit/Debit Card		
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
				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity		
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation			Date Received	Event #		
Total of Section J3						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	
K. In-Kind Contributions	

Name Suggs M Joseph				Date Received 07/10/2010		Fair Market Value of this Contribution
Street Address 10 Sandpiper Dr		City Bloomfield	State CT	Zip Code 06002-2232		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>07102010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Catered food for fundraiser on 7/10/10		Aggregate contributions \$729.00	\$729.00

Name Rothberg Mary Anne				Date Received 07/13/2010		Fair Market Value of this Contribution
Street Address 145 Central Park W Apt 13A		City New York	State NY	Zip Code 10023		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>07132010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Catered food for fundraiser on 7/13/10		Aggregate contributions \$3,500.00	\$3,500.00

Total of Section K

\$4,229.00

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	
Administaff	07/08/2010	<input checked="" type="checkbox"/> Check #	\$1,170.95	
Street Address 1251 Avenue of the Americas	City New York	State NY		Zip Code 10020-1104
Purpose of Expenditure CNSLT		Method of Payment <u>WIRE</u> <input type="checkbox"/> Debit Card		
Description Payroll		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				
Chase Card Services	07/08/2010	<input checked="" type="checkbox"/> Check #	\$524.07	
Street Address PO Box 15153	City Wilmington	State DE		Zip Code 19886-5153
Purpose of Expenditure CCP		Method of Payment <u>Wire</u> <input type="checkbox"/> Debit Card		
Description Credit Card		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				
Chase Card Services	07/08/2010	<input type="checkbox"/> Check #	\$1,607.31	
Street Address PO Box 15153	City Wilmington	State DE		Zip Code 19886-5153
Purpose of Expenditure CCP		Method of Payment <input checked="" type="checkbox"/> Debit Card		
Description Credit Card		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				

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					07/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
Credit Card							
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							\$9,669.81
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					07/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 15153		Wilmington	DE	19886-5153	CCP		
Description						Event #	
Credit card							
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							\$11,179.28
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Bowers					07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1579</u> <input type="checkbox"/> Debit Card	
88 Grange Rd		Lancaster	NH	03584-3431	OVHD		
Description						Event #	
cell phone							
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							\$53.00

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
Kelley Stieh	07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address 101 Little Acorn Ct	City Shohola	State PA	Zip Code 18458-3600
Description cell phone		Purpose of Expenditure OVHD	
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	\$140.00
Markel Insurance Company	07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 79652	City Baltimore	State MD	Zip Code 21279-0652
Description Insurance		Purpose of Expenditure OVHD	
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	\$223.00
Donnelly/Colt	07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 188	City Hampton	State CT	Zip Code 06247-0188
Description lawn signs for advertising		Purpose of Expenditure A-OTH	
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	\$1,120.00

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
Tremont Public Advisors LLC					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1582		
750 Main St Ste 500	Hartford	CT	06103-2709	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
communication consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1581		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	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		\$327.52	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1581		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	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		\$10,164.00	
<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	
Mack Crouse Group	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA		Zip Code 22311-1750
Purpose of Expenditure A-DM				1586
Description campaign literature				<input type="checkbox"/> Debit Card
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	
			\$24,126.76	
Mack Crouse Group	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA		Zip Code 22311-1750
Purpose of Expenditure A-DM				1586
Description campaign literature				<input type="checkbox"/> Debit Card
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	
			\$36,509.76	
Mack Crouse Group	07/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA		Zip Code 22311-1750
Purpose of Expenditure A-DM				1586
Description campaign literature				<input type="checkbox"/> Debit Card
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	
			\$26,999.62	

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
Peter D. Hart & Associates					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1585</u>	
1724 Connecticut Ave NW		Washington	DC	20009	POLLS	<input type="checkbox"/> Debit Card	
Description						Event #	
polling							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$17,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Blue State Digital					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1587</u>	
734 15th St NW Ste 1200		Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
website fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Trilogy Interactive, LLC					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1583</u>	
1508 W Sunnyside Ave		Chicago	IL	60640	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
website fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$987.50	
<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
People's Bank United					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
410 Greenwich Ave		Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
Bank Service Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					07/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
410 Greenwich Ave		Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
Bank Service Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$72.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of CT					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1588	
28 Cross St		Norwalk	CT	06851-4632	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
internet							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$321.40	
<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					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire <input type="checkbox"/> Debit Card		
1600 Locust St	Philadelphia	PA	19103-6305	A-RAD			
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$81,720.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire <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		\$418,250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire <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							

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					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> <u>Wire</u> <input type="checkbox"/> Debit Card		
1600 Locust St	Philadelphia	PA	19103-6305	A-WEB			
Description						Event #	
Media Buy							
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
Mack Crouse Group					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> <u>1590</u> <input type="checkbox"/> Debit Card		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM			
Description						Event #	
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$26,999.62
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> <u>1589</u> <input type="checkbox"/> Debit Card		
41750 Rancho Las Palmas Dr Ste E	Rancho Mirage	CA	92270-5511	OVHD			
Description						Event #	
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$24,502.88
<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
City and State, LLC	07/12/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 260 France St	City Rocky Hill	State CT	Zip Code 06067-2916
Description Consulting		Purpose of Expenditure CNSLT	
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	
		\$15,000.00	
Name of Payee	Date of Payment	Method of Payment	Amount
Norwich Public Utilities	07/14/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 173 N Main St	City Norwich	State CT	Zip Code 06360-4701
Description electricity		Purpose of Expenditure OVHD	
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	
		\$48.12	
Name of Payee	Date of Payment	Method of Payment	Amount
Alexis Gomez	07/14/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address 458 Marvin Ave	City Hackensack	State NJ	Zip Code 07601-1128
Description keys - office supply		Purpose of Expenditure OFFICE	
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							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Maintenance One					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1596	
PO Box 8984		New Haven	CT	06532-0984	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cleaning service							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$451.41	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Bowers					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1591	
88 Grange Rd		Lancaster	NH	03584-3431	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		\$41.88	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Bowers					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1591	
88 Grange Rd		Lancaster	NH	03584-3431	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
equipment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$39.58	
<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
Audrey Tyson					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1595</u>	
471 Whalley Ave Unit H		New Haven	CT	06511-3068	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		\$441.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Steven Winter					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1598</u>	
PO Box 205154		New Haven	CT	06520-5154	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$160.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Steven Winter					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1598</u>	
PO Box 205154		New Haven	CT	06520-5154	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
mileage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$220.00	
<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 Steven Winter					Date of Payment 07/14/2010	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>1598</u> <input type="checkbox"/> Debit Card	
Description mileage					Event #		\$67.40
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		
Name of Payee Steven Winter					Date of Payment 07/14/2010	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>1598</u> <input type="checkbox"/> Debit Card	
Description parking					Event #		\$13.00
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		
Name of Payee Steven Winter					Date of Payment 07/14/2010	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>1598</u> <input type="checkbox"/> Debit Card	
Description parking					Event #		\$5.00
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		

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
Steven Winter					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1598	
PO Box 205154		New Haven	CT	06520-5154	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		\$7.29	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Administaff					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
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		\$119,273.12	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Seth Bannon					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1593	
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		\$100.54	
<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
Seth Bannon					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1593</u>	
54 Wauwinet Ct		Guilford	CT	06437-1101	POST	<input type="checkbox"/> Debit Card	
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Seth Bannon					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1593</u>	
54 Wauwinet Ct		Guilford	CT	06437-1101	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		\$6.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Andrew Callahan					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1594</u>	
47 Metacomet Rd		Farmington	CT	06032-1801	EFV *	<input type="checkbox"/> Debit Card	
Description						Event #	
equipment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$129.85	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$896,075.02	

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
		Yes No	
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 Services				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 USPS Riverside				Date of Transaction 07/08/2010		Amount	
Street Address Riverside P.O.		City Riverside	State CT	Zip Code 06878			
Purpose of Expenditure POST	Description Postage Stamps				Event #		\$52.80
Name of Issuing Institution Chase Card Services				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 Glory Days Diner				Date of Transaction 07/08/2010		Amount	
Street Address 69 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-5610			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$62.89
Name of Issuing Institution Chase Card Services				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 Stop & Shop				Date of Transaction 07/08/2010		Amount	
Street Address 44 Fenn Rd		City Newington	State CT	Zip Code 06111-2212			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$16.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 USPS				Date of Transaction 07/08/2010		Amount	
Street Address Yale Station		City New Haven	State CT	Zip Code 06511-9992			
Purpose of Expenditure POST	Description Postage				Event #		\$354.90
Name of Issuing Institution Chase Card Services				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 Farmington				Date of Transaction 07/08/2010		Amount	
Street Address 15 Farm Springs Rd		City Farmington	State CT	Zip Code 06032-2584			
Purpose of Expenditure TRVL	Description Conference room Rental				Event #		\$1,015.16
Name of Issuing Institution Chase Card Services				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 Greek Olive				Date of Transaction 07/08/2010		Amount	
Street Address 402 Sargent Dr		City New Haven	State CT	Zip Code 06511			
Purpose of Expenditure FOOD	Description Food				Event #		\$23.81

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 GoDaddy.com				Date of Transaction 07/08/2010		Amount	
Street Address 14455 N Hayden Rd Ste 219		City Scottsdale	State AZ	Zip Code 85260-6993			
Purpose of Expenditure WEB	Description Website Domain				Event #		\$10.87
Name of Issuing Institution Chase Card Services				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 07/08/2010		Amount	
Street Address 155 Temple St		City New Haven	State CT	Zip Code 06510-2622			
Purpose of Expenditure TRVL	Description Hotel				Event #		\$155.68
Name of Issuing Institution Chase Card Services				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 07/08/2010		Amount	
Street Address 155 Temple St		City New Haven	State CT	Zip Code 06510-2622			
Purpose of Expenditure FOOD	Description food				Event #		\$43.39

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 07/08/2010		Amount	
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description Parking				Event #		\$1.00
Name of Issuing Institution Chase Card Services				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 T-Mobile				Date of Transaction 07/08/2010		Amount	
Street Address PO Box 742596		City Cincinnati	State OH	Zip Code 45274-4596			
Purpose of Expenditure OVHD	Description Telephone				Event #		\$1,588.94
Name of Issuing Institution Chase Card Services				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 T-Mobile				Date of Transaction 07/08/2010		Amount	
Street Address PO Box 742596		City Cincinnati	State OH	Zip Code 45274-4596			
Purpose of Expenditure OVHD	Description Telephone				Event #		\$1,588.94

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 ExxonMobil - Railroad Ave				Date of Transaction 07/08/2010		Amount	
Street Address 142 Railroad Ave		City Greenwich	State CT	Zip Code 06830			
Purpose of Expenditure TRVL	Description Gas				Event #		\$38.69
Name of Issuing Institution Chase Card Services				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 Farmington				Date of Transaction 07/08/2010		Amount	
Street Address 15 Farm Springs Rd		City Farmington	State CT	Zip Code 06032-2584			
Purpose of Expenditure TRVL	Description Hotel				Event #		\$223.94
Name of Issuing Institution Chase Card Services				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 Farmington				Date of Transaction 07/08/2010		Amount	
Street Address 15 Farm Springs Rd		City Farmington	State CT	Zip Code 06032-2584			
Purpose of Expenditure FOOD	Description Food				Event #		\$67.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor GoDaddy.com				Date of Transaction 07/08/2010		Amount	
Street Address 14455 N Hayden Rd Ste 219		City Scottsdale	State AZ	Zip Code 85260-6993			
Purpose of Expenditure WEB	Description Wesite Domain				Event #		\$339.29
Name of Issuing Institution Chase Card Services				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 5Big Franks BBQ GRILL Q%				Date of Transaction 07/08/2010		Amount	
Street Address 572 Watertown Ave		City Waterbury	State CT	Zip Code 06708-2240			
Purpose of Expenditure FOOD	Description Food				Event #		\$10.35
Name of Issuing Institution Chase Card Services				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 07/08/2010		Amount	
Street Address 169 Saxony Rd Ste 212		City Encinitas	State CA	Zip Code 92024-6781			
Purpose of Expenditure OVHD	Description Phone				Event #		\$2,625.67

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 Tony's Huntington Inn				Date of Transaction 07/08/2010		Amount	
Street Address 437 Huntington Tpke		City Bridgeport	State CT	Zip Code 06610-1447			
Purpose of Expenditure FOOD	Description Food				Event #		\$97.89
Name of Issuing Institution Chase Card Services				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 07/08/2010		Amount	
Street Address 155 Morgan St		City Hartford	State CT	Zip Code 06103-1309			
Purpose of Expenditure TRVL	Description Parking				Event #		\$1.25
Name of Issuing Institution Chase Card Services				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 T-Mobile				Date of Transaction 07/08/2010		Amount	
Street Address PO Box 742596		City Cincinnati	State OH	Zip Code 45274-4596			
Purpose of Expenditure OVHD	Description Telephone				Event #		\$106.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 Marco Polo Pizzeria				Date of Transaction 07/09/2010		Amount	
Street Address 55 Crown St		City New Haven	State CT	Zip Code 06510-3322			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$69.01
Name of Issuing Institution Chase Card Services				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 07/09/2010		Amount	
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806			
Purpose of Expenditure TRVL	Description gas				Event #		\$34.66
Name of Issuing Institution Chase Card Services				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 T-Mobile				Date of Transaction 07/11/2010		Amount	
Street Address PO Box 742596		City Cincinnati	State OH	Zip Code 45274-4596			
Purpose of Expenditure OVHD	Description Telephone Activation				Event #		\$10,494.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 07/11/2010		Amount	
Street Address 24 High St		City East Hartford		State CT	Zip Code 06118-1817		
Purpose of Expenditure TRVL	Description gas				Event #		\$34.00
Name of Issuing Institution Chase Card Services				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 Journal Inquirer				Date of Transaction 07/11/2010		Amount	
Street Address 306 Progress Dr		City Manchester		State CT	Zip Code 06042-2299		
Purpose of Expenditure Misc *	Description newspapers				Event #		\$50.70
Name of Issuing Institution Chase Card Services				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 07/11/2010		Amount	
Street Address 51 Richards Ave		City Norwalk		State CT	Zip Code 06854-2309		
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$32.63

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 Stellas Restaurant				Date of Transaction 07/11/2010		Amount	
Street Address 7365 Main St		City Stratford	State CT	Zip Code 06614-1300			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$23.03
Name of Issuing Institution Chase Card Services				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 Stop & Shop New Haven				Date of Transaction 07/11/2010		Amount	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$82.44
Name of Issuing Institution Chase Card Services				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 21st Century Business				Date of Transaction 07/11/2010		Amount	
Street Address 16 Mount Ebo Rd S Ste 4		City Brewster	State NY	Zip Code 10509-4038			
Purpose of Expenditure EFV *	Description printers				Event #		\$1,688.64

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				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 Vito's by the Park				Date of Transaction 07/11/2010		Amount	
Street Address 26 Trumbull St		City Hartford	State CT	Zip Code 06103-2404			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$158.10
Name of Issuing Institution Chase Card Services				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 Farmington				Date of Transaction 07/11/2010		Amount	
Street Address 15 Farm Springs Rd		City Farmington	State CT	Zip Code 06032-2584			
Purpose of Expenditure TRVL	Description hotel - lodgin				Event #		\$257.34
Name of Issuing Institution Chase Card Services				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 07/12/2010		Amount	
Street Address 24 High St		City East Hartford	State CT	Zip Code 06118-1817			
Purpose of Expenditure TRVL	Description gas				Event #		\$37.90

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				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 Subway						Date of Transaction 07/12/2010		Amount
Street Address 786 Enfield St			City Enfield		State CT	Zip Code 06082-2947		
Purpose of Expenditure FOOD		Description food and beverage				Event #		\$1.95
Name of Issuing Institution Chase Card Services				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 Citgo Food Bag						Date of Transaction 07/12/2010		Amount
Street Address 2720 Main St			City Rocky Hill		State CT	Zip Code 06067-2512		
Purpose of Expenditure TRVL		Description gas				Event #		\$28.53
Name of Issuing Institution Chase Card Services				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 UPS						Date of Transaction 07/12/2010		Amount
Street Address 55 Glenlake Pkwy NE			City Atlanta		State GA	Zip Code 30328-3474		
Purpose of Expenditure POST		Description postage				Event #		\$46.82
Total of Section P							\$21,711.99	

IV. EXPENDITURES

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 07/14/2010	Event #	Amount Incurred (Estimate or Actual)
Street Address PO Box 15153	City Wilmington	State DE	
Purpose of Expenditure Misc *	Description Credit Card Debt as of 7/14/10		\$10,032.71
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 \$10,032.71

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 07/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Ariel Dreyer	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address PO Box 1235	City Orleans	State MA	Zip Code 02653-1235
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$319.68
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Administaff	Date of Payment 07/08/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Peninnah Bonhomme	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 200 Bloomfield Ave # 667	City West Hartford	State CT	Zip Code 06117-1545
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$639.36
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	
Bowers, Rebecca	07/08/2010	<input checked="" type="checkbox"/> Check # 1579		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone		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	
			\$53.00	
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Stieh, Kelley	07/08/2010	<input checked="" type="checkbox"/> Check # 1580		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description cell phone		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	
			\$140.00	

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
Winter, Steven	07/14/2010	<input checked="" type="checkbox"/> Check # 1598	
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
Winter, Steven	07/14/2010	<input checked="" type="checkbox"/> Check # 1598	
Secondary Payee Amano	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 1484 Highland Ave	City Cheshire	State CT	
Zip Code 06410-1268		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
			\$5.00

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
Winter, Steven	07/14/2010	<input checked="" type="checkbox"/> Check # 1598	
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
			\$5.00
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire	Amount
Secondary Payee Marc C Bradley	Purpose of Expenditure WAGE	<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			Other Candidate(s) Name Office Sought
			\$3,125.00

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
Bowers, Rebecca	07/14/2010	<input checked="" type="checkbox"/> Check # 1591	
Secondary Payee Target	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 25 Boston Post Rd	City Orange	State CT	
Zip Code 06477-3203		Event #	
Description equipment			
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			\$39.58
Callahan, Andrew	07/14/2010	<input checked="" type="checkbox"/> Check # 1594	
Secondary Payee School Outfitters	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 3736 Regent Ave	City Cincinnati	State OH	
Zip Code 45212-3724		Event #	
Description podium - equipment			
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			\$129.85

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
Tyson, Audrey	07/14/2010	<input checked="" type="checkbox"/> Check # 1595	
Secondary Payee Fosters	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 56 Orange St # 62	City New Haven	State CT	
Zip Code 06510-3107		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
			\$441.00
Bannon, Seth	07/14/2010	<input checked="" type="checkbox"/> Check # 1593	
Secondary Payee Stew Leonard's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 100 Westport Ave	City Norwalk	State CT	
Zip Code 06851-3999		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
			\$100.54

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
Bowers, Rebecca	07/14/2010	<input checked="" type="checkbox"/> Check # 1591	
Secondary Payee Target	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 25 Boston Post Rd	City Orange	State CT	
Zip Code 06477-3203		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			\$41.88
Other Candidate(s) Name			
Office Sought			
Winter, Steven	07/14/2010	<input checked="" type="checkbox"/> Check # 1598	
Secondary Payee Journal Inquirer	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 306 Progress Dr	City Manchester	State CT	
Zip Code 06042-2299		Event #	
Description office supplies			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2.00
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	
Winter, Steven	07/14/2010	<input checked="" type="checkbox"/> Check # 1598		
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	
Bannon, Seth	07/14/2010	<input checked="" type="checkbox"/> Check # 1593		
Secondary Payee Rite Aid	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 66 Church St	City New Haven	State CT		Zip Code 06510-3304
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	
			\$6.35	

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	
Gomez, Alexis	07/14/2010	<input checked="" type="checkbox"/> Check # 1592		
Secondary Payee Pfau's Hardware	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 982 Farmington Ave	City West Hartford	State CT		Zip Code 06107-4100
Description keys - 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	
			\$4.00	
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire		
Secondary Payee Joe Abbey	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 1600 N Oak St Apt 11	City Arlington	State VA		Zip Code 22209
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	
			\$6,875.00	

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 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Jared Kupiec	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
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			\$3,375.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Andrew Callahan	Purpose of Expenditure WAGE	wire <input type="checkbox"/> Debit Card	
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			\$1,750.00
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 Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
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			\$2,125.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Elvira Albert	Purpose of Expenditure WAGE	<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			\$3,125.00
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	07/14/2010	<input checked="" type="checkbox"/> Check # wire		
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
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	
			\$3,125.00	
Administaff	07/14/2010	<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
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	
			\$1,875.00	

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	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Daniel J Gross	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 94 William St Apt 1	City New Haven	State CT	
Zip Code 06511-4939		Event #	
Description Payroll			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5,000.00
Other Candidate(s) Name			
Office Sought			
Administaff	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Laura E. Bartok	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 140 Carriage Rd	City Bristol	State CT	
Zip Code 06010-2515		Event #	
Description Payroll			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,154.17
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 Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Justine Sessions	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
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			\$3,125.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Jason Barnaby	Purpose of Expenditure WAGE	<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			\$1,625.00
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	07/14/2010	<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		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			\$2,625.00
Administaff	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Ross Gionfriddo	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 205 Auburn Rd	City West Hartford	State CT	
Zip Code 06119-1179		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			\$1,154.17

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	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Alexis Gomez	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 458 Marvin Ave	City Hackensack	State NJ	
Zip Code 07601-1128		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			\$1,625.00
Administaff	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Marco Merati	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 711 Torrington East St	City Torrington	State CT	
Zip Code 06790-4246		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			\$1,154.17

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 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
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
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,125.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Matthew Santacroce	Purpose of Expenditure WAGE	<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			\$1,225.00
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 Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Margaret Van Cleave	Purpose of Expenditure WAGE	<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			\$4,625.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Kevin Wilson	Purpose of Expenditure WAGE	<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			\$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 Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Steven Winter	Purpose of Expenditure WAGE	<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			\$1,154.17
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Christopher Finch	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
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			\$1,154.17
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	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Courtney Powers	Purpose of Expenditure WAGE	<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
			\$1,625.00
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
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
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
			\$2,125.00

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	07/14/2010	<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	
Zip Code 06489-3673		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			\$1,154.17
Administaff	07/14/2010	<input checked="" type="checkbox"/> Check # wire	
Secondary Payee Terence Schroeder	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 136 Prospect Hill Rd	City Colchester	State CT	
Zip Code 06415-1620		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			\$1,154.17

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 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Michael Koenigs	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 2433 E 7th Avenue Pkwy	City Denver	State CO	Zip Code 80206-3801
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,154.17
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Kevin Driscoll	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
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			\$1,154.17
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	07/14/2010	<input checked="" type="checkbox"/> Check # wire		
Secondary Payee Katherine Calle	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 25 Judith Dr	City Danbury	State CT		Zip Code 06811-3443
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	
			\$1,154.17	
Administaff	07/14/2010	<input checked="" type="checkbox"/> Check # wire		
Secondary Payee Jonathan Smart	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 73 Mueller Dr	City Hamden	State CT		Zip Code 06514-3730
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	
			\$1,154.17	

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 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Ariel Dreyer	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address PO Box 1235	City Orleans	State MA	Zip Code 02653-1235
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,154.17
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # wire	Amount
Secondary Payee Benjamin Hodapp	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 72 N Yorktown Pike	City Mason City	State IA	Zip Code 50401-4511
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,625.00
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
Bannon, Seth	07/14/2010	<input checked="" type="checkbox"/> Check # 1593	
Secondary Payee Postmaster	Purpose of Expenditure POST	<input type="checkbox"/> Debit Card	
Street Address 144 Rowayton Ave	City Norwalk	State CT	Zip Code 06853
Description postage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Office Sought
			\$88.00
Total of Section R			\$103,035.85

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				