

**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 65

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Dan Malloy For Governor</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Len</b>	MI <b>S</b>	Last <b>Miller</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>8 Kings Ln</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Governor</b>				
8. CANDIDATE NAME						
Title	First <b>Dannel</b>	MI <b>P.</b>	Last <b>Malloy</b>	Suffix		
9. TYPE OF REPORT						
<b>6th Supplemental Statement Primary - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>07/22/2010</b> thru <b>07/28/2010</b>						
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Len Miller</b>		<b>07/29/2010</b>		
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	
<b>Dan Malloy For Governor</b>		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$226,234.76</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$192,746.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$47,444.41</b>
16. Other Monetary Receipts (Section D-I)	<b>\$0.00</b>	<b>\$2,499,934.21</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$0.00</b>	<b>\$2,740,124.62</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$226,234.76</b>	<b>\$2,740,124.62</b>
20. Expenses Paid by Committee (Section N)	<b>\$13,932.28</b>	<b>\$2,527,822.14</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$212,302.48</b>	<b>\$212,302.48</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$1,797.67</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$165.82</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$47.79</b>	<b>\$754.82</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$460.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$460.00</b>	

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

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

**B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes      No	Aggregate Contributions	
Executive      Legislative		Yes      No				
<b>Total of Section B</b>						
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						

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

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes No	If yes, list Event # Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						

<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Governor				
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

**D. Loans Received this Period**

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

**Total of Section D**

I. MONETARY RECEIPTS (Section A-I)		
NAME OF COMMITTEE		FILING DUE DATE
Dan Malloy For Governor		
E. Personal Funds of the Candidate Received this Period		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		Total of Section E

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



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

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

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy For Governor					
<b>I. Miscellaneous Monetary Receipts not Considered Contributions</b>					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
<b>Total of Section I</b>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/25/2010 Letter a	Meet and Greet Event	119 Whalley St	New Haven	CT	06511

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 # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
07/27/2010 Letter a	Dinner Event	165 Bank St	New London	CT	06320

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by:		Fair Market Value of Donation
				Individual	Business Entity	
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

#### K. In-Kind Contributions

Name				Date Received		Fair Market Value of this Contribution
Street Address		City	State			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?		Yes	
Individual		No	If yes, indicate which branch or branches of government the contract is with:		No	
Committee			Executive		Legislative	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes	Description of In-Kind Contribution		Aggregate contributions	
		No				
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE

FILING DUE DATE

Dan Malloy For Governor

#### L. Refundable Deposit to Telephone Company

Last Name ( Individuals Only )

First Name

MI

Date Received

Amount of  
Deposit

Street Address

City

State

Zip Code

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L



### III. NONMONETARY RECEIPTS

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

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Andrew Nitkin					07/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	395	<input type="checkbox"/> Debit Card	
155 Peckslan Rd	Greenwich	CT	06831-3648	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$40.27	
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					07/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	395	<input checked="" type="checkbox"/> Debit Card	
2120 Park St	Hartford	CT	06106-2026	TRVL			
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$34.37	
Name of Payee					Date of Payment	Method of Payment	Amount
Minervini's Pizza					07/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	395	<input checked="" type="checkbox"/> Debit Card	
216 Main St # A	East Haven	CT	06512-3005	FOOD			
Description						Event #	
food for volunteers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	
<input type="checkbox"/> Yes						Office Sought	
<input checked="" type="checkbox"/> No							
						\$115.00	

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					07/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
243 West Ave	Stamford	CT	06902-5512	TRVL			
Description					Event #		\$47.19
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
As & J Cicero, Inc.					07/25/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
446 Bloomfield Ave	Windsor	CT	06095-2303	TRVL			
Description					Event #		\$35.07
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Darnell Goldson					07/26/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>430</u> <input type="checkbox"/> Debit Card		
66 W Hills Rd	New Haven	CT	06515	RCW			
Description					Event #		\$47.69
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
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Magdalena Torres					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 428	Amount          \$145.00
Street Address 79 Exchange St	City New Haven	State CT	Zip Code 06513-3924	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Sonia Aguirre					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 426	Amount          \$245.00
Street Address 143 Dixwell Ave	City New Haven	State CT	Zip Code 06511-3413	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Radio Cantico Nuevo					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 396	Amount          \$1,120.00
Street Address PO Box 12	City Brooklyn	State NY	Zip Code 11220	Purpose of Expenditure A-RAD	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Miguel Mendez					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 419	Amount          \$170.00
Street Address 129 High Top Cir	City Hamden	State CT	Zip Code 06514-4809	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee DeMarlo Allen					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 415	Amount          \$145.00
Street Address 3 Wayfarer St	City New Haven	State CT	Zip Code 06515-1025	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Marquis Brown					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 412	Amount          \$60.00
Street Address 169 Butler St	City New Haven	State CT	Zip Code 06511-1138	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Gregory Smith					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 421	Amount          \$95.00
Street Address 135 Butler St	City New Haven	State CT	Zip Code 06511-1138	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Daniel P. Kelly, Jr.					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 403	Amount          \$120.20
Street Address 600 Asylum Ave Apt 825	City Hartford	State CT	Zip Code 06105-3807	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Philip J. Nargi					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 405	Amount          \$280.00
Street Address PO Box 2155	City Waterbury	State CT	Zip Code 06722-2155	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description rent - Waterbury office					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Dan Malloy For Governor								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment	Amount	
Systiplex					07/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>429</u>		
1 Atlantic St		Stamford	CT	06901-2482	OVHD	<input type="checkbox"/> Debit Card		
Description						Event #		
telephone install								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes						Other Candidate(s) Name	Office Sought	\$170.20
<input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment	Amount	
Jacqueline James-Evans					07/26/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>423</u>		
78 Orchard St		New Haven	CT	06519-1010	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #		
New Haven office management								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes						Other Candidate(s) Name	Office Sought	\$500.00
<input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment	Amount	
Sunoco					07/26/2010	<input type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
31 W Main St		Clinton	CT	06413-2076	TRVL			
Description						Event #		
gas for campaign car								
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
<input type="checkbox"/> Yes						Other Candidate(s) Name	Office Sought	\$40.77
<input checked="" type="checkbox"/> No								

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Royal Printing Service					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 404	Amount          \$758.28
Street Address 588 Boston Post Rd	City Guilford	State CT	Zip Code 06437-2931	Purpose of Expenditure PRNT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Zack Hyde					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 402	Amount          \$77.35
Street Address 42 Lancaster Rd	City West Hartford	State CT	Zip Code 06119-1521	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SEIU 32BJ					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 399	Amount          \$1,733.62
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY	Zip Code 10013-1941	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description salary and benefits for services of SEIU employee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
New York City Department of Transportation					07/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
10 Richmond Ter Ste 300		Staten Island	NY	10301-1954	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
		Other Candidate(s) Name			Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$3.00							

Name of Payee					Date of Payment	Method of Payment	Amount
New York City Department of Transportation					07/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
10 Richmond Ter Ste 300		Staten Island	NY	10301-1954	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
		Other Candidate(s) Name			Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$5.00							

Name of Payee					Date of Payment	Method of Payment	Amount
New York City Department of Transportation					07/26/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
10 Richmond Ter Ste 300		Staten Island	NY	10301-1954	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
		Other Candidate(s) Name			Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
\$5.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Verizon Wireless					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 401	Amount          \$320.00
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card		
Description May 14 - July 13 candidate 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  		
Name of Payee Tawana Galberth					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 409	Amount          \$250.00
Street Address 63 Sylvan Ave	City New Haven	State CT	Zip Code 06519-1026	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Zuleyka Cruz					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 408	Amount          \$75.00
Street Address 33 Rock Creek Rd	City New Haven	State CT	Zip Code 06515-1207	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description canvasser					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee <b>Shatima Clark</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>416</b>	Amount          <b>\$230.00</b>
Street Address <b>599 Whalley Ave</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511-2910</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>canvasser</b>					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  		
Name of Payee <b>Campaign Management</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>424</b>	Amount          <b>\$2,000.00</b>
Street Address <b>66 W Hills Rd</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06515-1284</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>New Haven office management</b>					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  		
Name of Payee <b>Lisa Hopkins</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>414</b>	Amount          <b>\$345.00</b>
Street Address <b>16 Frances Hunter Dr</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511-3629</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>canvasser</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee <b>Bryan Burroughs</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>413</b>	Amount          <b>\$100.00</b>
Street Address <b>16 Frances Hunter Dr</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511-3629</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>canvasser</b>					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  		
Name of Payee <b>Heaven Hopkins</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>418</b>	Amount          <b>\$185.00</b>
Street Address <b>16 Frances Hunter Dr</b>	City <b>New Haven</b>	State <b>CT</b>	Zip Code <b>06511-3629</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>canvasser</b>					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  		
Name of Payee <b>Rhianna Mendez</b>					Date of Payment <b>07/26/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check # <b>417</b>	Amount          <b>\$180.00</b>
Street Address <b>58 Miller Rd</b>	City <b>Bethany</b>	State <b>CT</b>	Zip Code <b>06524-3224</b>	Purpose of Expenditure <b>CNSLT</b>	<input type="checkbox"/> Debit Card		
Description <b>canvasser</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Dwayne Grear					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$65.00
Street Address 237 Davenport Ave	City New Haven	State CT	Zip Code 06519-1244	Purpose of Expenditure CNSLT	420 <input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Iyanna Fairweather					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$140.00
Street Address 57 Plymouth St	City New Haven	State CT	Zip Code 06519-2509	Purpose of Expenditure CNSLT	411 <input type="checkbox"/> Debit Card		
Description canvasser					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  		
Name of Payee Ashli James					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$70.00
Street Address 322 Caroline St	City Derby	State CT	Zip Code 06418-1408	Purpose of Expenditure CNSLT	427 <input type="checkbox"/> Debit Card		
Description canvasser					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Luis Lopez					Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check # 399	Amount          \$500.00
Street Address 42 Pine St Apt 519	City Waterbury	State CT	Zip Code 06710-2145	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Donut Delight					Date of Payment 07/26/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$6.47
Street Address 349 West Ave	City Stamford	State CT	Zip Code 06902-6313	Purpose of Expenditure FOOD			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee 7-Eleven					Date of Payment 07/27/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$43.36
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure TRVL			
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Chaplins					07/27/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
165 Bank St	New London	CT	06320-6003	FOOD			
Description					Event #		
					07272010a		
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							
\$507.18							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>446</u>		
316 Hedgerow Ln	Doylestown	PA	18901-5736	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$31.20							
Name of Payee					Date of Payment	Method of Payment	Amount
Josh Cantor					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>436</u>		
39 Colony Rd	West Hartford	CT	06117-2215	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$31.69							



## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee <b>Philip J. Nargi</b>					Date of Payment <b>07/28/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$106.86</b>
Street Address <b>PO Box 2155</b>	City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06722-2155</b>	Purpose of Expenditure <b>OVHD</b>	<b>435</b> <input type="checkbox"/> Debit Card		
Description <b>Waterbury HQ utilities - July</b>					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  		
Name of Payee <b>Nathan Wilson</b>					Date of Payment <b>07/28/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$125.40</b>
Street Address <b>399 Route 165</b>	City <b>Preston</b>	State <b>CT</b>	Zip Code <b>06365-8722</b>	Purpose of Expenditure <b>RCW</b>	<b>437</b> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Mike Dunn</b>					Date of Payment <b>07/28/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          <b>\$86.91</b>
Street Address <b>75 Walnut Hill Rd</b>	City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801-1310</b>	Purpose of Expenditure <b>RCW</b>	<b>438</b> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Darnell Goldson					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 445	Amount          \$107.05
Street Address 66 W Hills Rd	City New Haven	State CT	Zip Code 06515	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Citgo					Date of Payment 07/28/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$37.06
Street Address 152 New Britain Rd	City Kensington	State CT	Zip Code 06037-1359	Purpose of Expenditure TRVL			
Description gas reimbursement 7/8-7/28					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  		
Name of Payee Shell					Date of Payment 07/28/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$19.59
Street Address 243 West Ave	City Stamford	State CT	Zip Code 06902-5512	Purpose of Expenditure TRVL			
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	439	<input type="checkbox"/> Debit Card	
277 Ocean Dr E	Stamford	CT	06902-8219	RCW			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$47.79							
Name of Payee					Date of Payment	Method of Payment	Amount
Anthem Blue Cross and Blue Shield					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	431	<input type="checkbox"/> Debit Card	
PO Box 11017	Lewiston	ME	04243-9468	WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$87.41							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	440	<input type="checkbox"/> Debit Card	
113 Brainard Rd	Colchester	CT	06415-2040	RCW			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$126.00							

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## N. Expenses Paid By Committee

Name of Payee Aaron Frankel					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 442	Amount          \$196.00
Street Address 28 Farmstead Ln	City West Hartford	State CT	Zip Code 06117-2012	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Joseph W. Garland					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 434	Amount          \$648.35
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX	Zip Code 77381-2826	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Matthew LeBeau					Date of Payment 07/28/2010	Method of Payment <input checked="" type="checkbox"/> Check # 443	Amount          \$275.28
Street Address 4 Gorman Pl	City East Hartford	State CT	Zip Code 06108-1450	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>441</u>	<input type="checkbox"/> Debit Card	
227 Brookdale Rd	Stamford	CT	06903-4118	RCW			
Description					Event #		
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$459.94
Name of Payee					Date of Payment	Method of Payment	Amount
Jacqueline James-Evans					07/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>444</u>	<input type="checkbox"/> Debit Card	
78 Orchard St	New Haven	CT	06519-1010	RCW			
Description					Event #		
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$140.73
Total of Section N							\$13,932.28

**IV. EXPENDITURES**

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
<b>O. Campaign Expenses Paid By Candidate</b>							
Name of Payee Shell				Date of Payment 07/28/2010		Is Reimbursement Claimed?	
Street Address 915 North Ave				City Bridgeport		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
State CT		Zip Code 06606-5739					
Purpose of Expenditure TRVL		Description gas for campaign car				Event #	
						\$47.79	
<b>Total of Section O</b>							<b>\$47.79</b>

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





# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee BJ's Wholesale Club		Purpose of Expenditure FOOD		<input checked="" type="checkbox"/> Debit Card		
Street Address 344 Reidville Dr		City Waterbury		State CT		
Zip Code 06705-2638		Description Hartford office opening		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		
						\$60.51

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee Office Depot		Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card		
Street Address 1295 Silas Deane Hwy		City Wethersfield		State CT		
Zip Code 06109-4302		Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		
						\$13.77



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee BJ's Wholesale Club		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 344 Reidville Dr	City Waterbury	State CT	Zip Code 06705-2638	
Description Waterbury office opening			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$51.01

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lena's Pizzeria		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2053 Park St	City Hartford	State CT	Zip Code 06106-2025	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$27.53

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lena's Pizzeria		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2053 Park St	City Hartford	State CT	Zip Code 06106-2025	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.16

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$1.49

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Donut and Bagel Shop		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 340 Prospect Ave	City Hartford	State CT	Zip Code 06105-4106	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$15.68

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Waldbaum's		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 772 N Main St	City West Hartford	State CT	Zip Code 06117-2407	
Description Hartford office opening			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$89.65

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee The Chalkboard		Purpose of Expenditure OFFICE		
Street Address 1126 New Britain Ave	City West Hartford	State CT	Zip Code 06110-2413	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		\$34.43

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 195 Prospect Ave	City Hartford	State CT	Zip Code 06106-2950	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$49.39

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 160 Bridge St	City East Windsor	State CT	Zip Code 06088-9548	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$54.86

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee In & Out Mart		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 237 S Main St	City Middletown	State CT	Zip Code 06457-4210	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$50.71

  

Name of Worker/Consultant Cantor, Josh		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Moscarillo's of West Hartford		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 2600 Albany Ave	City West Hartford	State CT	Zip Code 06117-2331	
Description lawn sign 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		\$31.69





# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant James-Evans, Jacqueline		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sam's Club		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2 Boston Post Rd	City Orange	State CT	Zip Code 06477-3201	
Description New Haven office event			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$106.82

  

Name of Worker/Consultant James-Evans, Jacqueline		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Party City		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 292 Boston Post Rd	City Orange	State CT	Zip Code 06477-3505	
Description decorations, HQ opening			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		\$15.36

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Goldson, Darnell		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$75.25

  

Name of Worker/Consultant Goldson, Darnell		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$31.80

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kelly, Daniel		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Irish American Home Society		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 132 Commerce St	City Glastonbury	State CT	Zip Code 06033-2369	
Description tickets to Irish Fest			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		\$46.00

Name of Worker/Consultant Kelly, Daniel		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee FedEx		Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code 06105-3049	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$74.20

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 910 Wolcott St	City Waterbury	State CT	Zip Code 06705-1317	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$43.44

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Leo's Key & Lock		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1425 N Main St	City Waterbury	State CT	Zip Code 06704-2714	
Description office keys			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$14.31

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512	
Description gas reimbursement 7/8-7/28			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		\$25.00

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Friendly 52		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 47 Church Hill Rd	City Newtown	State CT	Zip Code 06470-1614	
Description gas reimbursement 7/8-7/28			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		\$26.34

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount                    \$24.18
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL		
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description gas reimbursement 7/7-7/28			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 		

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee Ultra		Purpose of Expenditure TRVL		
Street Address 58 Ellington Rd	City East Hartford	State CT	Zip Code 06108-1101	
Description gas reimbursement 7/8-7/28			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  		\$23.09

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Nitkin, Andrew		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure RCW	<input checked="" type="checkbox"/> Debit Card	
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$40.27

  

Name of Worker/Consultant Goldson, Darnell		Date of Payment 07/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 430 Universal Dr N	City North Haven	State CT	Zip Code 06473-3174	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$47.69



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 07/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 910 Wolcott St	City Waterbury	State CT	Zip Code 06705-1317	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$36.03

  

Name of Worker/Consultant Caplet, Michael		Date of Payment 07/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Go Fish Restaurant		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 27 Coogan Blvd	City Mystic	State CT	Zip Code 06355-1920	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$116.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Caplet, Michael		Date of Payment 07/25/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Irish American Home Society		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 132 Commerce St	City Glastonbury	State CT	Zip Code 06033-2369	
Description ticket to Irish Fest			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		\$10.00

  

Name of Worker/Consultant Hyde, Charles		Date of Payment 07/26/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Sunoco		Purpose of Expenditure TRVL	402 <input type="checkbox"/> Debit Card	
Street Address 910 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1915	
Description gas reimbursement			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		\$37.35

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Hyde, Charles		Date of Payment 07/26/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846	
Description cell phone reimbursement			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$40.00

  

Name of Worker/Consultant Urbank, Katharine		Date of Payment 07/26/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples.com		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 500 Staples Dr	City Framingham	State MA	Zip Code 01702-4474	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$68.88



# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Dunn, Mike		Date of Payment 07/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502	
Description toner - Stamford HQ			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		\$86.91

  

Name of Worker/Consultant Frankel, Aaron		Date of Payment 07/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee USPS		Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 121 Shield St	City West Hartford	State CT	Zip Code 06110-9992	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$196.00



#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Urbank, Katharine		Date of Payment 07/28/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$107.05
Secondary Payee Staples.com		Purpose of Expenditure OFFICE		
Street Address 500 Staples Dr	City Framingham	State MA	Zip Code 01702-4474	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph		Date of Payment 07/28/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Crazy Bruce's		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 178 Newington Rd	City West Hartford	State CT	Zip Code 06110-2361	
Description Hartford office opening			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		\$82.90
Name of Worker/Consultant Blanchard, Robert		Date of Payment 07/28/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Citgo		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 939 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1609	
Description gas reimbursement			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		\$31.20
Total of Section R				\$2,351.60



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