

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 182

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									
7th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
07/29/2010			thru		08/04/2010				
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			08/05/2010			
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	\$704,876.79	
14. Contributions received from Individuals (Section A and B)	\$4,830.00	\$507,559.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-1)	\$1,754,860.56	\$8,610,492.61
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,759,690.56	\$9,118,582.14
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$2,464,567.35	\$9,118,582.14
20. Expenses Paid by Committee (Section N)	\$2,276,423.70	\$8,930,438.49
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$188,143.65	\$188,143.65
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$3,250.00	\$30,528.52
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)	\$23,035.76	\$181,199.04
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$52,759.81	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$52,759.81	

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 Marcus Mosbacher	First Name Marcus Mosbacher	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 # 1206	Amount of Contribution
Residential Street Address 105 Terrace Dr Apt A	City Brownsville	State TX	Zip Code 78521-5633	Date Received 07/29/2010	
Principal Occupation Teacher	Name of Employer Unemployed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00	\$10.00
Last Name Cummings	First Name Theodore	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1205	Amount of Contribution
Residential Street Address 87 Lawton Rd	City Manchester	State CT	Zip Code 06042-3682	Date Received 07/29/2010	
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07202010a</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 \$1,100.00	\$100.00
Last Name Cummings	First Name Laurel	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 # 1204	Amount of Contribution
Residential Street Address 534 Hudson St Apt 7B	City New York	State NY	Zip Code 10014-6126	Date Received 07/29/2010	
Principal Occupation NBC Assistant	Name of Employer NBC	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 \$80.00	\$80.00
Last Name Ingersoll	First Name Claire Sue	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 # 1207	Amount of Contribution
Residential Street Address 130 Davis St	City Hamden	State CT	Zip Code 06517-3521	Date Received 07/29/2010	
Principal Occupation homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Abrams	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 # 1211	Amount of Contribution
Residential Street Address 34 Far Hills Dr	City Avon	State CT	Zip Code 06001-2877	Date Received 07/30/2010	
Principal Occupation Physician	Name of Employer Woodland Anesthesia Assoc.	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 Hicks	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 # 1212	Amount of Contribution
Residential Street Address 49 Clapboard Hill Rd	City New Canaan	State CT	Zip Code 06840-4903	Date Received 07/30/2010	
Principal Occupation retired	Name of Employer retired	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 Muntz	First Name Robert	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 # 1210	Amount of Contribution
Residential Street Address 17168 Wood St	City Melvindale	State MI	Zip Code 48122-1045	Date Received 07/30/2010	
Principal Occupation Engineer	Name of Employer Siemens	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 \$175.00	\$100.00
Last Name Leffingwell	First Name Elinor	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 # 1208	Amount of Contribution
Residential Street Address 90 River St	City Guilford	State CT	Zip Code 06437-2653	Date Received 07/30/2010	
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <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	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Baker	First Name Sue	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 # 1213	Amount of Contribution
Residential Street Address 81 Indian Head Rd	City Riverside	State CT	Zip Code 06878-2422	Date Received 07/30/2010	
Principal Occupation retired teacher	Name of Employer retired Bd of Ed.	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 \$300.00	\$100.00
Last Name Spiegelman	First Name Peter	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 # 1209	Amount of Contribution
Residential Street Address 84 Norrans Ridge Dr	City Ridgefield	State CT	Zip Code 06877-4238	Date Received 07/30/2010	
Principal Occupation Author	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$100.00
Last Name singh	First Name reepu	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 # 1214	Amount of Contribution
Residential Street Address 34 Tripp Hollow Rd	City Brooklyn	State CT	Zip Code 06234-1624	Date Received 07/31/2010	
Principal Occupation Civil Engineer/Planner	Name of Employer Garg Consulting Services	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	\$25.00
Last Name Baldelli	First Name Ray	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 # 1217	Amount of Contribution
Residential Street Address 269 Ogden St	City New Haven	State CT	Zip Code 06511-1220	Date Received 08/02/2010	
Principal Occupation Realtor	Name of Employer Pearce Real Estate	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>08012010a</u>			
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 Delle	First Name Sangu	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1215	Amount of Contribution
Residential Street Address 22K 560W 43rd St	City New York	State NY	Zip Code 10036	Date Received 08/02/2010		
Principal Occupation Analyst	Name of Employer Morgan Stanley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07232010a</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"/> Yes <input checked="" type="checkbox"/> No <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 Gocłowski	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1216	Amount of Contribution
Residential Street Address 4 Maple Ave	City Madison	State CT	Zip Code 06443	Date Received 08/02/2010		
Principal Occupation Antiques, Appraisals and Sales	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>08012010a</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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$200.00	\$200.00
Last Name Rugani	First Name Richard Rugani	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1218	Amount of Contribution
Residential Street Address 51 Prescott Ave	City Bronxville	State NY	Zip Code 10708-1718	Date Received 08/02/2010		
Principal Occupation retired	Name of Employer retired	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"/> Yes <input checked="" type="checkbox"/> No <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 \$1,500.00	\$1,500.00
Last Name Alstrum	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1221	Amount of Contribution
Residential Street Address 34 Jefferson Ln	City East Hartford	State CT	Zip Code 06118-2150	Date Received 08/03/2010		
Principal Occupation Elementary School Spanish Teacher	Name of Employer Glastonbury, CT Board of Education	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"/> Yes <input checked="" type="checkbox"/> No <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 DiMartino	First Name Michelle	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 # 1222	Amount of Contribution
Residential Street Address 581 Breckenridge Dr	City Broomfield	State CO	Zip Code 80020-6085	Date Received 08/03/2010	
Principal Occupation Consultant	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Hawley	First Name Frank	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 # 1224	Amount of Contribution
Residential Street Address PO Box 2129	City Boca Grande	State FL	Zip Code 33921	Date Received 08/03/2010	
Principal Occupation Private Equity	Name of Employer Saugatuck Associate In	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 \$500.00	\$500.00
Last Name Bowen	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1225	Amount of Contribution
Residential Street Address 128 Pomperaug Woods	City Southbury	State CT	Zip Code 06488	Date Received 08/03/2010	
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 \$25.00	\$25.00
Last Name SAunders	First Name Martin	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 # 1220	Amount of Contribution
Residential Street Address 23 Lovers Ln	City Guilford	State CT	Zip Code 06437-2850	Date Received 08/03/2010	
Principal Occupation Professor of Chemistry	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 \$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 Lieber	First Name William	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 # 1219	Amount of Contribution
Residential Street Address 27 Brockway Ferry Rd	City Lyme	State CT	Zip Code 06371-3002	Date Received 08/03/2010	
Principal Occupation Physician	Name of Employer Retired	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 \$400.00	\$150.00
Last Name Vasington	First Name Frank	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 # 1223	Amount of Contribution
Residential Street Address 172 Highland Rd	City Mansfield Center	State CT	Zip Code 06250	Date Received 08/03/2010	
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: <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 Ibrahim	First Name Winston	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 # 1226	Amount of Contribution
Residential Street Address 63 Via Los Altos	City Tiburon	State CA	Zip Code 94920-2059	Date Received 08/04/2010	
Principal Occupation EVP Business Development	Name of Employer Hydos Bottle LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Ellsworth	First Name John	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 # 1227	Amount of Contribution
Residential Street Address 400 Blake St	City New Haven	State CT	Zip Code 06515-4410	Date Received 08/04/2010	
Principal Occupation Teacher	Name of Employer Gateway Community College	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
Total of Section B					\$4,830.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)					\$4,830.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

C1. Contributions from Other Committees

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

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

Total of Section C1

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

D. Loans Received this Period

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes No	
Name of Cosigner/Guarantor				Candidate		
				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
08/02/2010	\$1,000,000.00	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
Date Received	Amount	Method of Payment
08/03/2010	\$750,000.00	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
Total of Section E		\$1,750,000.00

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

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

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Lamont For Governor			
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	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			

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 08/01/2010	Letter a Meet and Greet Event	44 Linden Ave	Branford	CT	06571

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

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

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



II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

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

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			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							
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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 Cocco D Susan				Date Received 08/01/2010		Fair Market Value of this Contribution
Street Address 513 Branchville Rd		City Ridgefield	State CT	Zip Code 06877-6032		
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 checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
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		Description of In-Kind Contribution FMV Monthly Rent		Aggregate contributions \$250.00
						\$250.00
Name Knapp Pam				Date Received 08/04/2010		Fair Market Value of this Contribution
Street Address 95 Beckett Ave		City Branford	State CT	Zip Code 06405		
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 checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Drink		Aggregate contributions \$750.00
						\$750.00
Name Loeb Rhoda				Date Received 08/04/2010		Fair Market Value of this Contribution
Street Address 46 Howard Ave		City Branford	State CT	Zip Code 06405		
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 checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Drink		Aggregate contributions \$750.00
						\$750.00

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

K. In-Kind Contributions

Name Perkins David				Date Received 08/04/2010		Fair Market Value of this Contribution
Street Address 121 Highland Ave		City Branford	State CT	Zip Code 06405		
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 checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>08012010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Drink		Aggregate contributions \$750.00
						\$750.00

Name Monaghan Kelly				Date Received 08/04/2010		Fair Market Value of this Contribution
Street Address 371 Walden Green Rd		City Branford	State CT	Zip Code 06405		
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 checked="" type="checkbox"/> No		If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>08012010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food and Drink		Aggregate contributions \$750.00
						\$750.00

Total of Section K

\$3,250.00

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				07/29/2010	<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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$134,184.33
Name of Payee				Date of Payment	Method of Payment	Amount
Seth Bannon				07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1651	
54 Wauwinet Ct	Guilford	CT	06437-1101	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #	
parking						
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						\$13.00
Name of Payee				Date of Payment	Method of Payment	Amount
Seth Bannon				07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1651	
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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$176.00

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
Seth Bannon					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1651		
54 Wauwinet Ct	Guilford	CT	06437-1101	OFFICE	<input type="checkbox"/> Debit Card		
Description					Event #		
technology/software							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		\$80.75	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ned Lamont for Governor					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1643		
PO Box 113197	Stamford	CT	06911	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
stipen							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name	Office Sought		\$4,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1646		
270 Thorton St	Hamden	CT	06517	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		\$24.33	
<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
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
taxi - travel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$15.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	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		\$13.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	RCW	<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		\$1.80	
<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
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1646	
270 Thorton St		Hamden	CT	06517	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		\$19.73
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1646	
270 Thorton St		Hamden	CT	06517	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #		
taxi - travel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$10.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1646	
270 Thorton St		Hamden	CT	06517	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #		
hotel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$336.00
<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
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$25.95	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	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		\$14.92	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	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		\$13.00	
<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
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1646		
270 Thorton St	Hamden	CT	06517	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		\$13.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1646		
270 Thorton St	Hamden	CT	06517	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		\$21.35	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1646		
270 Thorton St	Hamden	CT	06517	TRVL	<input type="checkbox"/> Debit Card		
Description						Event #	
taxi - travel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$10.00	
<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
Gabe Rosenberg					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1646</u>	
270 Thorton St		Hamden	CT	06517	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		\$20.48
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rebecca Slutzky					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1656</u>	
2417 Northfield Rd		Charlottesville	VA	22901-1727	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		\$75.49
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
D & K Sound Services Inc.					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1670</u>	
912 Silas Deane Hwy		Wethersfield	CT	06109-3434	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		\$1,150.00
<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
Stones' Phones Inc.					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1647</u>	
41750 Rancho Las Palmas Dr Ste E		Rancho Mirage	CA	92270-5511	A-PH-BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$84,008.38	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alexis Gomez					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1655</u>	
458 Marvin Ave		Hackensack	NJ	07601-1128	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
Food							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$121.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alexis Gomez					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1655</u>	
458 Marvin Ave		Hackensack	NJ	07601-1128	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		\$80.19	
<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
Alexis Gomez					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1655	
458 Marvin Ave		Hackensack	NJ	07601-1128	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
u haul rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$74.09	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Alexis Gomez					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1655	
458 Marvin Ave		Hackensack	NJ	07601-1128	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$7.92	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
T-Mobile					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1655	
PO Box 742596		Cincinnati	OH	45274-4596	EFV *	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Phones							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$397.23	
<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	
Alexander Killeffer	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Bittersweet Trl	City Norwalk	State CT		Zip Code 06853-1201
Purpose of Expenditure TRVL		<u>1654</u>		<input type="checkbox"/> Debit Card
Description gas		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$30.85
Alexander Killeffer	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Bittersweet Trl	City Norwalk	State CT		Zip Code 06853-1201
Purpose of Expenditure TRVL		<u>1654</u>		<input type="checkbox"/> Debit Card
Description parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$10.00
Alexander Killeffer	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 6 Bittersweet Trl	City Norwalk	State CT		Zip Code 06853-1201
Purpose of Expenditure Misc *		<u>1654</u>		<input type="checkbox"/> Debit Card
Description field event - parade		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	\$300.00

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
Marriott					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
200 Columbus Blvd		Hartford	CT	06103-2807	TRVL		
Description						Event #	
hotel							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$86.49	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kelley Stieh					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1657</u> <input type="checkbox"/> Debit Card	
101 Little Acorn Ct		Shohola	PA	18458-3600	OFFICE		
Description						Event #	
office supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$8.37	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Katherine Calle					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1652</u> <input type="checkbox"/> Debit Card	
25 Judith Dr		Danbury	CT	06811-3443	FOOD		
Description						Event #	
food and beverage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$151.51	
<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	
Michael Koenigs	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2433 E 7th Avenue Pkwy	City Denver	State CO		Zip Code 80206-3801
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card		
Description technology/software		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	
\$79.95				
Twitpay	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2814 Spring Rd SE Ste 114	City Atlanta	State GA		Zip Code 30339-3047
Purpose of Expenditure BNK		<input type="checkbox"/> Debit Card		
Description Merchant Fee		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	
\$337.70				
Nicole Longo	07/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address 8946 Summer Crest Dr	City Cincinnati	State OH		Zip Code 45251-1847
Purpose of Expenditure CNSLT		<input type="checkbox"/> Debit Card		
Description gotv lead		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	
\$599.00				

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
West Hartford Meeting					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1663</u>	
50 S Main St		West Hartford	CT	06107-2485	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		\$500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Sage Productions LLC					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1667</u>	
PO Box 8236		Stamford	CT	06905	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
campaign constultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Isaac Thomas					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1644</u>	
1153 Stratford Ave		Bridgeport	CT	06607-1324	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Jimmetta L. Samaha					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1649</u>	
208 Southern Blvd		Danbury	CT	06810-7524	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
gotv lead							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris Casey					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1648</u>	
44 W Branch Rd		Weston	CT	06883-2917	RCW	<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		\$105.47	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Meghan Moorlach					07/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1650</u>	
169 Orange St		New Haven	CT	06510-3111	RCW	<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		\$51.49	
<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					07/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
PO Box 15153		Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card	
Description						Event #	
Credit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$11,650.08	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Markel Insurance Company					08/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1666	
PO Box 79652		Baltimore	MD	21279-0652	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$648.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
NGP Software, Inc.					08/01/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1665	
1225 Eye St NW Ste 1225		Washington	DC	20005	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
database							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,700.00	
<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
Ned Lamont for Governor					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1645</u>	
PO Box 113197		Stamford	CT	06911	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
stipen							
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
Ruth Yorke					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1658</u>	
7 Ridge Rd		Cos Cob	CT	06807-2309	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		\$417.58	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$300,000.00	
<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
People's Bank United					08/02/2010	<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 Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$12.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Migdalia Castro					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1248	
203 Saltonstall Ct Cottage		New Haven	CT	06513	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consultant							
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
Republican American					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1659	
389 Meadow St		Waterbury	CT	06702-1808	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,319.30	
<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
CardLab, Inc.					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1701 W Northwest Hwy Ste 100		Grapevine	TX	76051-8127	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Gift Cards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$103,872.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
El Canillita News					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1672	
257 Orange St Ste 307		New Haven	CT	06510-1715	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
La Voz Hispana de Connecticut					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1671	
51 Elm St Ste 307		New Haven	CT	06510-2049	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,750.00	
<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
Greater Hartford Pro-Am Inc.					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1661</u>	
PO Box 25		South Windsor	CT	06074-0025	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
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
Urban Marketing Network					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1668</u>	
PO Box 4116		Hamden	CT	06514	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
marketing consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$13,500.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maintenance One					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1673</u>	
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							

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	
Stones' Phones Inc.	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 41750 Rancho Las Palmas Dr Ste E	City Rancho Mirage	State CA		Zip Code 92270-5511
Purpose of Expenditure A-PH-BNK				1675 <input type="checkbox"/> Debit Card
Description advertising				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$4,158.56	
Stones' Phones Inc.	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 41750 Rancho Las Palmas Dr Ste E	City Rancho Mirage	State CA		Zip Code 92270-5511
Purpose of Expenditure A-PH-BNK				1647 <input type="checkbox"/> Debit Card
Description advertising				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$9,206.90	
Stones' Phones Inc.	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 41750 Rancho Las Palmas Dr Ste E	City Rancho Mirage	State CA		Zip Code 92270-5511
Purpose of Expenditure A-PH-BNK				1675 <input type="checkbox"/> Debit Card
Description advertising				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$427.96	

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	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1724 Connecticut Ave NW	City Washington	State DC		Zip Code 20009
Purpose of Expenditure POLLS		<u>1669</u>		<input type="checkbox"/> Debit Card
Description polling		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$17,500.00	
Peter D. Hart & Associates	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1724 Connecticut Ave NW	City Washington	State DC		Zip Code 20009
Purpose of Expenditure POLLS		<u>1669</u>		<input type="checkbox"/> Debit Card
Description polling		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$17,500.00	
People's Bank United	08/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 410 Greenwich Ave	City Greenwich	State CT		Zip Code 06830-6523
Purpose of Expenditure BNK		<u>Wire</u>		<input type="checkbox"/> Debit Card
Description Bank Charge		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		
			\$475.90	

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					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>Wire</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK		<input type="checkbox"/> Debit Card	
Description						Event #	
Bank charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$298.34	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>Wire</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK		<input type="checkbox"/> Debit Card	
Description						Event #	
Bank Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$30.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>Wire</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK		<input type="checkbox"/> Debit Card	
Description						Event #	
Bank Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$12.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-RAD	<input type="checkbox"/> Debit Card	
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					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-WEB	<input type="checkbox"/> Debit Card	
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
The Campaign Group					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$100,000.00	
<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					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$500,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$370,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press Inc.					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1662	
25 James St , P.O. Box 324		New Haven	CT	06513	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
printing							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$654.02	
<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					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
2001 N Beauregard St Ste 420		Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
Campaign Literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$271,354.15	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
2001 N Beauregard St Ste 420		Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card	
Description						Event #	
Campaign Literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$182,535.38	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of CT					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	439.35	
28 Cross St		Norwalk	CT	06851-4632	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
internet and phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$439.35	
<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
LeBlanc Communications Group					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1676</u>	
38 High Ridge Rd		West Redding	CT	06896-2019	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,189.58	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1681</u>	
PO Box 8110		Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$162.52	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1681</u>	
PO Box 8110		Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$136.47	
<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
Charles Berman					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Via Paypal</u>	
230 Rosebrook Rd		New Canaan	CT	06840-3727	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Donation Refund							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$375.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Charles Berman					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Via Paypal</u>	
230 Rosebrook Rd		New Canaan	CT	06840-3727	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Donation Refund							
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
Charles Berman					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Via Paypal</u>	
230 Rosebrook Rd		New Canaan	CT	06840-3727	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Donation Refund							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<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
Chase Card Services					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
PO Box 15153		Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card	
Description					Event #		
Credit Card							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$11,432.05
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1675	
41750 Rancho Las Palmas Dr Ste E		Rancho Mirage	CA	92270-5511	A-PH-BNK	<input type="checkbox"/> Debit Card	
Description					Event #		
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$1,834.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Greater New Haven Community Loan Fund					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	1680	
171 Orange St		New Haven	CT	06510-3111	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #		
recycling							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$24.88
<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
Andrea VanEerten					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1674</u>	
122 Morgan St # 320B		Stamford	CT	06905	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
consultant							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,585.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Waterbury Observer					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1677</u>	
PO Box 910		Waterbury	CT	06720-0910	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$685.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Northend Agent's LLC					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1679</u>	
PO Box 2308		Hartford	CT	06146-2308	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,600.00	
<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
El Sol					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1678</u>	
1 Bank St Ste 304		Stamford	CT	06901-3006	A-NEWS	<input type="checkbox"/> Debit Card	
Description					Event #		
advertising							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$598.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$2,276,423.70	

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 checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens					Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave			City New Haven		State CT	Zip Code 06511-3012		
Purpose of Expenditure RCW		Description gift cards				Event #		\$194.85
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 Walgreens					Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave			City New Haven		State CT	Zip Code 06511-3012		
Purpose of Expenditure RCW		Description gift cards				Event #		\$259.80
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 Walgreens					Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave			City New Haven		State CT	Zip Code 06511-3012		
Purpose of Expenditure RCW		Description gift cards				Event #		\$259.80

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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$194.85

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card 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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/29/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 USPS				Date of Transaction 07/29/2010		Amount	
Street Address Yale Station		City New Haven	State CT	Zip Code 06511-9992			
Purpose of Expenditure POST	Description postage				Event #		\$440.00
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 Verizon Wireless				Date of Transaction 07/29/2010		Amount	
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-5062			
Purpose of Expenditure OVHD	Description cell phone				Event #		\$79.50
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 Verizon Wireless				Date of Transaction 07/29/2010		Amount	
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-5062			
Purpose of Expenditure EFV *	Description cell phone				Event #		\$58.29

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 Verizon Wireless						Date of Transaction 07/29/2010		Amount
Street Address PO Box 15062			City Albany		State NY	Zip Code 12212-5062		
Purpose of Expenditure OVHD		Description cell phone				Event #		\$286.19
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 Verizon Wireless						Date of Transaction 07/29/2010		Amount
Street Address PO Box 15062			City Albany		State NY	Zip Code 12212-5062		
Purpose of Expenditure EFV *		Description cell phone				Event #		\$1,430.95
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 Apple						Date of Transaction 07/29/2010		Amount
Street Address 1 Infinite Loop			City Cupertino		State CA	Zip Code 95014-2084		
Purpose of Expenditure OFFICE		Description technology/software				Event #		\$41.34

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 Ashleigh's Garden						Date of Transaction 07/29/2010		Amount
Street Address 23 Main St			City Centerbrook		State CT	Zip Code 06409-1072		
Purpose of Expenditure Misc *		Description florist				Event #		\$50.00
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 Priceless and Rent A Wreck						Date of Transaction 07/30/2010		Amount
Street Address 925 Foxon Rd			City East Haven		State CT	Zip Code 06513-1842		
Purpose of Expenditure TRVL		Description transportation				Event #		\$1,145.62
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 Pocket NE						Date of Transaction 07/30/2010		Amount
Street Address 742 Chapel St			City New Haven		State CT	Zip Code 06510-3104		
Purpose of Expenditure EFV *		Description prepaid phones				Event #		\$312.70

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 Pocket NE				Date of Transaction 07/30/2010		Amount	
Street Address 742 Chapel St		City New Haven		State CT	Zip Code 06510-3104		
Purpose of Expenditure EFV *	Description prepaid phones				Event #		\$312.70
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 Walgreens				Date of Transaction 07/30/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure Misc *	Description misc items				Event #		\$11.81
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 Maham's Service				Date of Transaction 07/30/2010		Amount	
Street Address 927 Park Ave		City Bridgeport		State CT	Zip Code 06604		
Purpose of Expenditure TRVL	Description gas				Event #		\$31.65

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 New Colon Diner 2				Date of Transaction 07/30/2010		Amount	
Street Address 2321 Main St		City Bridgeport		State CT	Zip Code 06606-5322		
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$33.24
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 CVS				Date of Transaction 07/30/2010		Amount	
Street Address 47 Main St		City Winsted		State CT	Zip Code 06098-1703		
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$119.74
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 Christys Restaurant				Date of Transaction 07/30/2010		Amount	
Street Address 545 Winsted Rd		City Torrington		State CT	Zip Code 06790-2932		
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$6.57

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 9th Square Market				Date of Transaction 07/30/2010		Amount	
Street Address 72 Orange St		City New Haven	State CT	Zip Code 06510-3107			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$8.56
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 Madi & Mias Cafe				Date of Transaction 07/30/2010		Amount	
Street Address 167 Orange St		City New Haven	State CT	Zip Code 06510-3111			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$17.81
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 Mobil Food Mart II				Date of Transaction 07/30/2010		Amount	
Street Address 884 State St		City New Haven	State CT	Zip Code 06511-3925			
Purpose of Expenditure TRVL	Description gas				Event #		\$41.19

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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$211.96
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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$171.65
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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$94.17

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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$582.38
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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$1,166.39
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 Staples Direct				Date of Transaction 07/30/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$24.37

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 Staples Direct						Date of Transaction 07/30/2010		Amount
Street Address 500 Staples Dr			City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE		Description office supplies				Event #		\$218.13
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 Staples Direct						Date of Transaction 07/30/2010		Amount
Street Address 500 Staples Dr			City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE		Description office supplies				Event #		\$18.23
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 Staples Direct						Date of Transaction 07/30/2010		Amount
Street Address 500 Staples Dr			City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE		Description office supplies				Event #		\$61.87

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 Walgreens				Date of Transaction 07/30/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Walgreens				Date of Transaction 07/30/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80
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 Gulf				Date of Transaction 08/01/2010		Amount	
Street Address 1044 Post Rd		City Darien	State CT	Zip Code 06820-5413			
Purpose of Expenditure TRVL	Description gas				Event #		\$40.27

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 Shell OIL				Date of Transaction 08/01/2010		Amount	
Street Address 47 Jerome Ave		City Bloomfield	State CT	Zip Code 06002-2420			
Purpose of Expenditure TRVL	Description gas				Event #		\$39.16
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 USPS				Date of Transaction 08/01/2010		Amount	
Street Address Yale Station		City New Haven	State CT	Zip Code 06511-9992			
Purpose of Expenditure POST	Description postage				Event #		\$1,036.00
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 Pocket NE				Date of Transaction 08/01/2010		Amount	
Street Address 742 Chapel St		City New Haven	State CT	Zip Code 06510-3104			
Purpose of Expenditure EFV *	Description prepaid phones				Event #		\$312.70

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 Pocket NE				Date of Transaction 08/01/2010		Amount	
Street Address 742 Chapel St		City New Haven		State CT	Zip Code 06510-3104		
Purpose of Expenditure EFV *	Description prepaid phones				Event #		\$312.70
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$129.90
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$129.90

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 checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$64.95
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$332.70
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$223.80

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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$220.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$222.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$221.80

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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$220.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$219.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$220.80

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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$122.85
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$135.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$135.80

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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$167.85
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$111.90
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$54.95

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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$221.80
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$55.95
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 Walgreens				Date of Transaction 08/01/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$259.80

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 U-Haul				Date of Transaction 08/01/2010		Amount	
Street Address 116 Whalley Ave		City New Haven		State CT	Zip Code 06511-3236		
Purpose of Expenditure TRVL	Description u haul rental				Event #		\$41.43
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 U-Haul				Date of Transaction 08/01/2010		Amount	
Street Address 116 Whalley Ave		City New Haven		State CT	Zip Code 06511-3236		
Purpose of Expenditure TRVL	Description u haul rental				Event #		\$85.00
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 Amazon.com				Date of Transaction 08/01/2010		Amount	
Street Address 1516 2nd Ave		City Seattle		State WA	Zip Code 98101-1543		
Purpose of Expenditure EFV *	Description equipment				Event #		\$79.00

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 checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 08/01/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supply				Event #		\$912.47
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 Staples Direct				Date of Transaction 08/01/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supply				Event #		\$282.49
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 UConn Co-op				Date of Transaction 08/01/2010		Amount	
Street Address 1 University Pl		City Stamford	State CT	Zip Code 06901-2315			
Purpose of Expenditure Misc *	Description misc. items				Event #		\$7.89

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 Nathan Hale Inn				Date of Transaction 08/01/2010		Amount	
Street Address 855 Bolton Rd		City Mansfield	State CT	Zip Code 06268-1719			
Purpose of Expenditure TRVL	Description hotel				Event #		\$166.88
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 Nathan Hale Inn				Date of Transaction 08/01/2010		Amount	
Street Address 855 Bolton Rd		City Mansfield	State CT	Zip Code 06268-1719			
Purpose of Expenditure TRVL	Description hotel				Event #		\$166.88
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 Nathan Hale Inn				Date of Transaction 08/01/2010		Amount	
Street Address 855 Bolton Rd		City Mansfield	State CT	Zip Code 06268-1719			
Purpose of Expenditure FOOD	Description food				Event #		\$63.05

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 Nathan Hale Inn				Date of Transaction 08/01/2010		Amount	
Street Address 855 Bolton Rd		City Mansfield	State CT	Zip Code 06268-1719			
Purpose of Expenditure TRVL	Description hotel				Event #		\$166.88
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 Equinox Diner				Date of Transaction 08/02/2010		Amount	
Street Address 253 Greenmanville Ave		City Mystic	State CT	Zip Code 06355-1962			
Purpose of Expenditure FOOD	Description food				Event #		\$29.31
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 UPS				Date of Transaction 08/02/2010		Amount	
Street Address 55 Glenlake Pkwy NE		City Atlanta	State GA	Zip Code 30328-3474			
Purpose of Expenditure POST	Description postage				Event #		\$30.30

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 Shell Oil						Date of Transaction 08/03/2010		Amount
Street Address 83 E Putnam Ave			City Greenwich		State CT	Zip Code 06830-5611		
Purpose of Expenditure TRVL		Description gas				Event #		\$38.69
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 Muddy Water Cafe						Date of Transaction 08/03/2010		Amount
Street Address 42 Bank St			City New London		State CT	Zip Code 06320-6053		
Purpose of Expenditure FOOD		Description food				Event #		\$9.50
Total of Section P							\$23,035.76	

IV. EXPENDITURES

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 Blue State Digital				Date Incurred 08/01/2010	Event #	
Street Address 734 15th St NW Ste 1200			City Washington		State DC	Zip Code 20005
Purpose of Expenditure WEB	Description website					
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
						\$500.00
Name of Creditor Terris Barnes Walters				Date Incurred 08/04/2010	Event #	
Street Address 400 Montgomery St Ste 700			City San Francisco		State CA	Zip Code 94104-1219
Purpose of Expenditure A-DM	Description campaign literature					
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
						\$37,572.31

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 Media Strategies and Research				Date Incurred 08/04/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 11350 Random Hills Rd Ste 670			City Fairfax			State VA	Zip Code 22030-7428	
Purpose of Expenditure A-TV	Description media							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought				\$14,687.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Total of Section Q							\$52,759.81	

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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Laura E. Bartok	Purpose of Expenditure WAGE		
Street Address 140 Carriage Rd	City Bristol	State CT	Zip Code 06010-2515
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 Bannon, Seth			Amount
Date of Payment 07/30/2010			
Method of Payment <input checked="" type="checkbox"/> Check # 1651 <input type="checkbox"/> Debit Card			
Secondary Payee USPS			
Purpose of Expenditure POST			
Street Address Yale Station	City New Haven	State CT	Zip Code 06511-9992
Description postage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$176.00
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	07/30/2010	<input checked="" type="checkbox"/> Check # 1651	
Secondary Payee New Haven Parking Authority	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 50 Union Ave	City New Haven	State CT	
Zip Code 06519-1754		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$13.00
Other Candidate(s) Name			
Office Sought			
Gomez, Alexis	07/30/2010	<input checked="" type="checkbox"/> Check # 1655	
Secondary Payee Express Pay	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 284 Whalley Ave	City New Haven	State CT	
Zip Code 06511-3206		Event #	
Description gas			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$7.92
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
Gomez, Alexis	07/30/2010	<input checked="" type="checkbox"/> Check # 1655	
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1235 Farmington Ave	City West Hartford	State CT	
Zip Code 06107-2619		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
			\$80.19
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Andrew Callahan	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 47 Metacomet Rd	City Farmington	State CT	
Zip Code 06032-1801		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
			\$1,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Katherine Calle	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 25 Judith Dr	City Danbury	State CT	Zip Code 06811-3443
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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Danielle Aaron	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 22 Radio Pl # 14	City Stamford	State CT	Zip Code 06906
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 Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Joe Abbey	Purpose of Expenditure WAGE		
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
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Elvira Albert	Purpose of Expenditure WAGE		
Street Address 38 Klondike Ave	City Stamford	State CT	Zip Code 06907
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$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
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Makena Cunningham	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 26 Honey Ln	City Sandy Hook	State CT	
Zip Code 06482-1619		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			\$949.60
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Peninnah Bonhomme	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 200 Bloomfield Ave # 667	City West Hartford	State CT	
Zip Code 06117-1545		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	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Rebecca Bowers	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 88 Grange Rd	City Lancaster	State NH	Zip Code 03584-3431
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
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Marc C Bradley	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 29 Yarmouth Rd Apt T	City Norwalk	State CT	Zip Code 06853-1856
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Timothy Brown	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 8517 E Malcomb Dr	City Scottsdale	State AZ	
Zip Code 85250-5737		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	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Spiros Jason Giannaros	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 56 Basswood Rd	City Farmington	State CT	
Zip Code 06032-1142		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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Fletcher Gibson, IV	Purpose of Expenditure WAGE		
Street Address 111 Park St Apt 6R	City New Haven	State CT	Zip Code 06511-5456
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,875.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Francesca Capodilupo	Purpose of Expenditure WAGE		
Street Address 5 Titus Pl	City Ridgefield	State CT	Zip Code 06877-1046
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	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Chris Casey	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 44 W Branch Rd	City Weston	State CT	Zip Code 06883-2917
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
			\$1,260.73
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Rephael Chorew	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 203 Meriden Ave	City Southington	State CT	Zip Code 06489-3673
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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Ryan Cook	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 499 Charles St	City Torrington	State CT	Zip Code 06790-3420
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,625.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Secondary Payee Alexander Killeffer	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 6 Bittersweet Trl	City Norwalk	State CT	Zip Code 06853-1201
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,875.00
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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Ariel Dreyer	Purpose of Expenditure WAGE		
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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Kevin Driscoll	Purpose of Expenditure WAGE		
Street Address 2 Hawks Nest Ln	City Green Village	State NJ	Zip Code 07935-3500
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$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	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Christopher Finch	Purpose of Expenditure WAGE	Wire <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			Other Candidate(s) Name Office Sought
			\$1,154.17
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Meghan Moorlach	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$2,025.00

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	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Jenna Moran	Purpose of Expenditure WAGE	Wire <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	
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Ross Gionfriddo	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card		
Street Address 205 Auburn Rd	City West Hartford	State CT		Zip Code 06119-1179
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	
			\$1,604.17	

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	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Alexis Gomez	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card		
Street Address 458 Marvin Ave	City Hackensack	State NJ		Zip Code 07601-1128
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	
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Daniel J Gross	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card		
Street Address 94 William St Apt 1	City New Haven	State CT		Zip Code 06511-4939
Description Payroll		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$5,000.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Benjamin Hodapp	Purpose of Expenditure WAGE		
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
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Matthew Santacroce	Purpose of Expenditure WAGE		
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	Date of Payment	Method of Payment	Amount
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Joshua Schneider	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 106 Foster St # 1	City New Haven	State CT	Zip Code 06511-2655
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$1,875.00
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
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			Other Candidate(s) Name Office Sought \$3,375.00

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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Brandon McGee	Purpose of Expenditure WAGE		
Street Address 43 Warren St	City Hartford	State CT	Zip Code 06120-2117
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2,375.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff			Amount
Date of Payment 07/30/2010			
Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card			
Secondary Payee Marco Merati			
Purpose of Expenditure WAGE			
Street Address 711 Torrington East St	City Torrington	State CT	Zip Code 06790-4246
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 Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Dustin Minore	Purpose of Expenditure WAGE		
Street Address 350 Cedarwood Dr	City Orange	State CT	Zip Code 06477-1665
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,154.17
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Benjamin Stango	Purpose of Expenditure WAGE		
Street Address 755 Beacom Ln	City Merion Station	State PA	Zip Code 19066-1603
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$1,750.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Kelley Stieh	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 101 Little Acorn Ct	City Shohola	State PA	
Zip Code 18458-3600		Event #	
Description Payroll			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$1,625.00
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Maeveeren Pfeifer	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 670 S Pine Creek Rd	City Fairfield	State CT	
Zip Code 06824-6326		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			\$639.36

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire		
Secondary Payee Kelly Popp	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 69 Belden Rd	City Hamden	State CT		Zip Code 06514-3709
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	
Administaff	07/30/2010	<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	

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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Gabe Rosenberg	Purpose of Expenditure WAGE		
Street Address 270 Thorton St	City Hamden	State CT	Zip Code 06517
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$4,125.00
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Steven Winter	Purpose of Expenditure WAGE		
Street Address PO Box 205154	City New Haven	State CT	Zip Code 06520-5154
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$1,154.17

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 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire	Amount
Secondary Payee Ruth Yorke	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 7 Ridge Rd	City Cos Cob	State CT	Zip Code 06807-2309
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
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire	Amount
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
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 Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Jonathan Smart	Purpose of Expenditure WAGE		
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			\$1,154.17
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Administaff	Date of Payment 07/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # Wire <input type="checkbox"/> Debit Card	Amount
Secondary Payee Lillard R Lewis, Jr.	Purpose of Expenditure WAGE		
Street Address 362 Rood Ave	City Windsor	State CT	Zip Code 06095-3523
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
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Greta Twombly	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 4302 Ridgewood Ct	City West Palm Beach	State FL	Zip Code 33403-1161
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
			\$1,617.46
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Audrey Tyson	WAGE	Wire <input type="checkbox"/> Debit Card	
471 Whalley Ave Unit H	New Haven	CT	06511-3068
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
			\$2,125.00

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	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Margaret Van Cleave	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$4,625.00
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Kevin Wilson	WAGE	Wire <input type="checkbox"/> Debit Card	
1081 Alden Ln	Buffalo Grove	IL	60089-1304
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

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
Killeffer, Alexander	07/30/2010	<input checked="" type="checkbox"/> Check # 1654	
Secondary Payee Greenwich Auto Service	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 111 W Putnam Ave	City Greenwich	State CT	
Zip Code 06830-5329		Event #	
Description gas			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$30.85
Killeffer, Alexander	07/30/2010	<input checked="" type="checkbox"/> Check # 1654	
Secondary Payee Laz Parking, Ltd.	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 100 Allyn St	City Hartford	State CT	
Zip Code 06103-1418		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
			\$7.00

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
Killeffer, Alexander	07/30/2010	<input checked="" type="checkbox"/> Check # 1654	
Secondary Payee Waterbury Hospital	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 64 Robbins St	City Waterbury	State CT	Zip Code 06708-2600
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 \$3.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Killeffer, Alexander	07/30/2010	<input checked="" type="checkbox"/> Check # 1654	
Secondary Payee Puerto Rican Parade of Fairfield Co	Purpose of Expenditure Misc *	<input type="checkbox"/> Debit Card	
Street Address PO Box 447	City Bridgeport	State CT	Zip Code 06601-0447
Description field event - parade			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 \$300.00

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	
Koenigs, Michael	07/30/2010	<input checked="" type="checkbox"/> Check # 1653		
Secondary Payee Microsoft	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 1 Microsoft Way	City Redmond	State WA		Zip Code 98052-8300
Description technology/software				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	
			\$79.95	
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Calle, Katherine	07/30/2010	<input checked="" type="checkbox"/> Check # 1652		
Secondary Payee Costco Wholesale	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 200 Federal Rd	City Brookfield	State CT		Zip Code 06804-2514
Description food and beverage				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$129.95	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Calle, Katherine	07/30/2010	<input checked="" type="checkbox"/> Check # 1652	
Secondary Payee Stew Leonard's	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 99 Federal Rd	City Danbury	State CT	
Zip Code 06811-4001		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			\$21.56
Other Candidate(s) Name			
Office Sought			
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Great American Bagel	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 5757 Wayne Newton Blvd	City Las Vegas	State NV	
Zip Code 89111-5000		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			\$20.48
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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee 2 Airport Parking	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 3 International Dr	City East Granby	State CT	
Zip Code 06026-9718		Event #	
Description parking			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.95
Other Candidate(s) Name			
Office Sought			
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Vegas Cab Co.	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 801 S Main St	City Las Vegas	State NV	
Zip Code 89101-6424		Event #	
Description taxi - travel			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$10.00
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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	Zip Code 89103-4046
Description food and beverage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$13.00
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	Zip Code 89103-4046
Description food and beverage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$24.33

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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	Zip Code 89103-4046
Description food and beverage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$13.00
Bannon, Seth	07/30/2010	<input checked="" type="checkbox"/> Check # 1651	
Secondary Payee Microsoft	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 1 Microsoft Way	City Redmond	State WA	Zip Code 98052-8300
Description technology/software			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 \$80.75

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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Black Bear Saloon	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 11 Schoephoester Rd	City Windsor Locks	State CT	Zip Code 06096-1022
Description food and beverage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$19.73
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Vegas Cab Co.	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 801 S Main St	City Las Vegas	State NV	Zip Code 89101-6424
Description taxi - travel			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 \$15.00

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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Vegas Cab Co.	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 801 S Main St	City Las Vegas	State NV	
Zip Code 89101-6424		Event #	
Description taxi - travel			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$10.00
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	
Zip Code 89103-4046		Event #	
Description hotel			
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
			\$336.00

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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee McFaddens LV	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 205 E 42nd St	City New York	State NY	
Zip Code 10017-5706		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			\$14.92
Other Candidate(s) Name			
Office Sought			
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check # Wire	
Secondary Payee Danielle Aaron	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 22 Radio Pl # 14	City Stamford	State CT	
Zip Code 06906		Event #	
Description Payroll			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$426.24
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	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Ganapathi Ramaswamy	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 2233 S Highland Ave Apt 414	City Lombard	State IL	Zip Code 60148-5330
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
			\$380.64
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #	
Secondary Payee Craig Stallings	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card	
Street Address 40 Clark St	City Hartford	State CT	Zip Code 06120-2009
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
			\$319.68

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Administaff	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Craig Stallings	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card		
Street Address 40 Clark St	City Hartford	State CT		Zip Code 06120-2009
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	07/30/2010	<input checked="" type="checkbox"/> Check #		
Secondary Payee Ganapathi Ramaswamy	Purpose of Expenditure WAGE	Wire <input type="checkbox"/> Debit Card		
Street Address 2233 S Highland Ave Apt 414	City Lombard	State IL		Zip Code 60148-5330
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	
			\$1,375.00	

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
Stieh, Kelley	07/30/2010	<input checked="" type="checkbox"/> Check # 1657	
Secondary Payee The Home Depot	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 503 New Park Ave	City West Hartford	State CT	
Zip Code 06110-1326	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
			\$8.37
Gomez, Alexis	07/30/2010	<input checked="" type="checkbox"/> Check # 1655	
Secondary Payee Chimirri's Pastry Shop	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 1075 Silas Deane Hwy	City Wethersfield	State CT	
Zip Code 06109-4229	Description food and beverage		
Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$121.00

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
Gomez, Alexis	07/30/2010	<input checked="" type="checkbox"/> Check # 1655	
Secondary Payee U-Haul	Purpose of Expenditure TRVL	<input type="checkbox"/> Debit Card	
Street Address 116 Whalley Ave	City New Haven	State CT	
Zip Code 06511-3236		Event #	
Description u haul rental			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$74.09
Other Candidate(s) Name			
Office Sought			
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	
Zip Code 89103-4046		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			\$21.35
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
Rosenberg, Gabe	07/30/2010	<input checked="" type="checkbox"/> Check # 1646	
Secondary Payee Rio Hotel & Casino	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 3700 W Flamingo Rd	City Las Vegas	State NV	
Zip Code 89103-4046		Event #	
Description food and beverage			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$13.00
Other Candidate(s) Name			
Office Sought			
Slutzky, Rebecca	07/30/2010	<input checked="" type="checkbox"/> Check # 1656	
Secondary Payee Walgreens	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 2900 Main St	City Glastonbury	State CT	
Zip Code 06033-1027		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			\$75.49
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
Yorke, Ruth	08/02/2010	<input checked="" type="checkbox"/> Check # 1658	
Secondary Payee Staples Direct	Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 500 Staples Dr	City Framingham	State MA	
Zip Code 01702-4474		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
			\$417.58
Walgreens	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Emerald Richardson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 350 Spring St	City Bridgeport	State CT	
Zip Code 06608		Event #	
Description stipend			
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
			\$80.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Douglas Gautrau	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 344 Sherman Ave	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Melton Young	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 430 Success Ave Apt 11	City Bridgeport	State CT	Zip Code 06610-2436
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sandra Moore	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 389 Carroll Ave	City Bridgeport	State CT	Zip Code 06607-1815
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$140.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Jacqueline Richardson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 42 Alanson Rd	City Bridgeport	State CT	Zip Code 06607-1503
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sonya Patton	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 664 Sedgewick Ave	City Stratford	State CT	Zip Code 06615-6970
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Paschus Thomas	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 605 Connecticut Ave	City Bridgeport	State CT	Zip Code 06607-1023
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Jon Dina	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 80 Granfield Ave	City Bridgeport	State CT	Zip Code 06610-2372
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lennea Dawson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 40 Soundview Ave	City Stratford	State CT	Zip Code 06615-6241
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Carmen Garcia	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 80 Granfield Ave Apt A1	City Bridgeport	State CT	Zip Code 06610-2373
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Maria Garcia	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 687 Hallett St	City Bridgeport	State CT	Zip Code 06608-1728
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Nyesha Patterson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 68 Highland Ave Apt 327	City Bridgeport	State CT	Zip Code 06604-3598
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sonja Singletary	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 143 Eagle St	City Bridgeport	State CT	Zip Code 06607-1619
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
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
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Tony Butler	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1 Long Hill Ter .	City New Haven	State CT	Zip Code 06519
Description stipend			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
			\$120.00
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Latrica Brown	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 16 Shepard St .	City New Haven	State CT	Zip Code 06511
Description stipend			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
			\$120.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Tyrale Lesesne	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 18 Cave St	City New Haven	State CT	Zip Code 06511-1105
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brittany Flynn	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 43 Henry St	City New Haven	State CT	Zip Code 06511-3559
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee David Robinson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 92 Rosette St	City New Haven	State CT	Zip Code 06519-2414
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brian Freibott	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 344 Sherman Ave	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Antoinette Baud	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1270 Whalley Ave	City New Haven	State CT	Zip Code 06515
Description stipend			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 \$180.00
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Sierra Brookshire	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 457 Edgewood Ave	City New Haven	State CT	Zip Code 06511
Description stipend			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 \$60.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Curtis Beaman	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 260 Dwight St	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Maurice Eure	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 138 Hallock Ave	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brittney Mackie	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 339 Augur St	City Hamden	State CT	Zip Code 06517
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dave Ings	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 245 Columbus Ave	City New Haven	State CT	Zip Code 06519
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dyami Willis	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 70 Admiral St .	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Leshonda Redding	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 29 Church St	City Branford	State CT	Zip Code 06405
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
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
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Gary Jones	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 113 Fredrick St # 1R	City New Haven	State CT	Zip Code 06515
Description stipend			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 \$60.00
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Anton Coger	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 113 Fredrick St # 1R	City New Haven	State CT	Zip Code 06515
Description stipend			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 \$120.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Valerie Redding	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 29 Church St	City Branford	State CT	Zip Code 06405
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kristopher Jones	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 113 Fredrick St # 1R	City New Haven	State CT	Zip Code 06515
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Harry Stewart	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 2016 North Ave	City Bridgeport	State CT	Zip Code 06604-2428
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Iris Teel	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 430 Success Ave Apt 11	City Bridgeport	State CT	Zip Code 06610-2436
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Joshua James	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 76 Valley Cir	City Bridgeport	State CT	Zip Code 06606-3845
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Doris Young	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 891 Williams St	City New London	State CT	Zip Code 06320-4143
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Darlene Bohannon	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 106 Platt St	City Bridgeport	State CT	Zip Code 06606-2943
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kyle Hoffman	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 116 Harlem Ave	City Bridgeport	State CT	Zip Code 06606-4661
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$780.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brenda Young	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 2424 E Main St	City Bridgeport	State CT	Zip Code 06610
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Tarsha Martinez	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 6 Evergreen St	City Bridgeport	State CT	Zip Code 06606-5710
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$540.00
Other Candidate(s) Name			Office Sought

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dennis Teel	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 430 Success Ave Apt 11	City Bridgeport	State CT	Zip Code 06610-2436
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Osoze Staton	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 25 Baldwin St	City Bridgeport	State CT	Zip Code 06607-1302
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.00
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 Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Beverly Staton	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 651 State St	City Bridgeport	State CT	Zip Code 06604-4507
Description stipend			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 \$80.00
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Crystal Coffey	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 530 Noble Ave	City Bridgeport	State CT	Zip Code 06608-1802
Description stipend			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 \$80.00

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sheila Stewart	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 264 Union Ave Apt G04	City Bridgeport	State CT	Zip Code 06607-1837
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Ned Lamont for Governor	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Clayton Bolling	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 310 Success Ave Apt 25	City Bridgeport	State CT	Zip Code 06610-2441
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
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	
Ned Lamont for Governor	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Freda Peterson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 415 Kent Ave	City Bridgeport	State CT		Zip Code 06610-2561
Description Stipend		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	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Santa Santos	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 399 Grand Ave	City New Haven	State CT		Zip Code 06513-3853
Description Stipend		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	
			\$180.00	

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Gwendolyn Heath	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 168 Wolcott St	City New Haven	State CT		Zip Code 06513-3829
Description Stipend		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	
			\$240.00	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Erasma Lopez	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 262	City New Haven	State CT		Zip Code 06513-0262
Description Stipend		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	
			\$240.00	

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NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Wendy Freibott	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 344 Sherman Ave	City New Haven	State CT		Zip Code 06511-3108
Description Stipend		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	
			\$60.00	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Roosevelt Gatison	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 195 Canton St Apt D14	City West Haven	State CT		Zip Code 06516-2239
Description Stipend		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	
			\$180.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cherice Dykes	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 119 Maple St	City New Haven	State CT	Zip Code 06511-4021
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brittnay Jones	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 24 Beverly Rd	City New Haven	State CT	Zip Code 06515-1532
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Michelle Humbert	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 15 Chatham St	City New Haven	State CT	Zip Code 06513-3213
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Tommy Battle	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 245 Columbus Ave	City New Haven	State CT	Zip Code 06519-2230
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
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
Walgreens	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Maria Quinonez	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 195 Saltonstall Ave Fl 1 .	City New Haven	State CT	Zip Code 06513-4250
Description Stipend			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
			\$240.00
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sonia Aquirre	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 389 Edgewood Ave	City New Haven	State CT	Zip Code 06511-4013
Description Stipend			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
			\$240.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Berry Edwards	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 200 Poplar St	City Bridgeport	State CT	Zip Code 06605-1974
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cherelle Reddick	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 38 Sheldon Ter	City New Haven	State CT	Zip Code 06511-2006
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Roy Jones	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 22 Hilltop Pl	City New Haven	State CT	Zip Code 06515-1116
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mercedes Gethers	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 499 Valley St	City New Haven	State CT	Zip Code 06515-1251
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Taneisha Hailey	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 153 Olson Dr	City Ansonia	State CT	Zip Code 06401-1761
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Audrey Green	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 72 Day St	City New Haven	State CT	Zip Code 06511-5345
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Djona Howard	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 36 Evern St .	City New Haven	State CT	Zip Code 06501
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Eddie Daniels	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 265 Orchard St	City New Haven	State CT	Zip Code 06511-5333
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shanice Flynn	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 43 Henry St .	City New Haven	State CT	Zip Code 06511
Description stipend			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
			\$240.00

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Whitney Murphy	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 909 Elm St	City New Haven	State CT	Zip Code 06511-4012
Description Stipend			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
			\$60.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Milagro SeGuinot	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 140 Yale St	City Bridgeport	State CT	Zip Code 06605-1567
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kelly Green	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 529 George St	City New Haven	State CT	Zip Code 06511-5491
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Chantal Codougan	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 397 William St	City Bridgeport	State CT	Zip Code 06608-1818
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Christina Clarke	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 397 William St	City Bridgeport	State CT	Zip Code 06608-1818
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sandra Brown	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1928 Reservoir Ave	City Bridgeport	State CT	Zip Code 06606-1436
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Whitney Howard	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 499 Valley St	City New Haven	State CT	Zip Code 06515-1251
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Denese Taylor Moye	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 134 Iranistan Ave	City Bridgeport	State CT	Zip Code 06604-5640
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anjelica Delvalle	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1160 Park Ave	City Bridgeport	State CT	Zip Code 06604-3409
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
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	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Lenymar Matos	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 458 Park Ave	City Bridgeport	State CT		Zip Code 06604-5450
Description Stipend		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	
			\$120.00	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Valerie Richardson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 43 Dickerman	City New Haven	State CT		Zip Code 06511
Description stipend		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	
			\$240.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Julia McDowell	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 62 Read St	City Bridgeport	State CT	Zip Code 06607-2016
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Tamar Morales	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 458 Park Ave Fl 2	City Bridgeport	State CT	Zip Code 06604-5450
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Claudia Richardson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 43 Dickerman St	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$240.00
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lucy Shepard	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 39 Alba Ave	City Bridgeport	State CT	Zip Code 06606-2933
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Ann Fuller	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 100 Edna Ave	City Bridgeport	State CT	Zip Code 06610
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kecia Walls	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 532 Noble Ave Fl 2	City Bridgeport	State CT	Zip Code 06608-1802
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$80.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Toni-Ann Gayle	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 787 Norman St	City Bridgeport	State CT	Zip Code 06605-1019
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Treva Perry	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 118 Maple St .	City New Haven	State CT	Zip Code 06511
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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 Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Agustin Jr. Cirino	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 74 Fallon Dr	City Hamden	State CT	Zip Code 06514-2604
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$300.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Pedro Martinez	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 6 Evergreen St	City Bridgeport	State CT	Zip Code 06606
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
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	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Pernica Richardson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 41 Maple St .	City New Haven	State CT		Zip Code 06511
Description Stipend		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	
			\$300.00	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Leanna Peart	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 36 Kingsbury Rd	City Bridgeport	State CT		Zip Code 06610-1923
Description Stipend		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	
			\$180.00	

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	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Marion Anthony Rice	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 93 Brownwell St .	City New Haven	State CT		Zip Code 06511
Description stipend				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	
			\$300.00	
CVS 1168	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Maria Santos	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 399 Grand Ave	City New Haven	State CT		Zip Code 06513-3853
Description Stipend				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	
			\$180.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Stepanie Hardison	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 260 Success Ave	City Bridgeport	State CT	Zip Code 06610-2426
Description stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Priscilla Knot	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 924 Elm St	City New Haven	State CT	Zip Code 06511-4056
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
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	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Natasha Pottinger	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 288 Pixlee Pl	City Bridgeport	State CT		Zip Code 06610-2925
Description stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$100.00	
Walgreens	08/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Ilenny Matos	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 458 W Park Ave	City New Haven	State CT		Zip Code 06511
Description Stipend		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	
			\$60.00	
Total of Section R			\$125,546.59	

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				