

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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SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Dan Malloy For Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Len	S	Miller						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
8 Kings Ln				Essex	CT	06426			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Governor						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Dannel	P.	Malloy						
9. TYPE OF REPORT									
90% Supplemental Statement General Election - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
10/01/2010					thru 10/22/2010				
11. CERTIFICATION									
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			Len Miller			10/23/2010			
SIGNATURE			PRINT NAME OF THE SIGNER			DATE CERTIFIED			
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Dan Malloy For Governor		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$4,535,928.16	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$192,746.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$58,489.41
16. Other Monetary Receipts (Section D-1)	\$0.00	\$8,502,757.57
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$0.00	\$8,753,992.98
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$4,535,928.16	\$8,753,992.98
20. Expenses Paid by Committee (Section N)	\$4,168,161.19	\$8,386,226.01
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$367,766.97	\$367,766.97
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$1,797.67
23. In-Kind Contributions Received (Section K)	\$0.00	\$165.82
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$650.00	\$650.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$92.66	\$1,123.80
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

C1. Contributions from Other Committees

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

Total of Section C1	
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I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Governor				
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

E. Personal Funds of the Candidate Received this Period

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

Total of Section E

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

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

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

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

II. FUNDRAISING EVENT ACTIVITY

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 10/02/2010 a	Coffee/Tea Event	119 Whalley Ave	New Haven	CT	06511

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 10/05/2010 a	Coffee/Tea Event	129 Banks St	Waterbury	CT	

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

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

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

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser Letter 11/02/2010 a	Party Event	31 Pratt St Society Room	Hartford	CT	06103

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

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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

Name of the Purchaser <i>(Individuals ONLY)</i> Last Name	First Name	MI	Method of payment:				Aggregate Amount of Purchases
Residential Street Address			State	Zip Code	Date Received	Event #	
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

K. In-Kind Contributions

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

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

L. Refundable Deposit to Telephone Company

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
People's United Bank	10/01/2010	<input type="checkbox"/> Check #		
Street Address 350 Bedford St Fl 2	City Stamford	State CT		Zip Code 06901-1741
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card		
Description Wire transfer 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	
			\$25.00	
SKD Knickerbocker	10/01/2010	<input type="checkbox"/> Check #		
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-TV		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$752,253.71	
Mobil	10/01/2010	<input type="checkbox"/> Check #		
Street Address 234 Washington St	City Hartford	State CT		Zip Code 06106-3316
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$34.80	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee Staples Direct					Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 800 W Harris St		City Eureka	State CA	Zip Code 95503-3924	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$40.27
Name of Payee Staples Direct					Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 800 W Harris St		City Eureka	State CA	Zip Code 95503-3924	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description Milford						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			\$109.16
Name of Payee Staples Direct					Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 800 W Harris St		City Eureka	State CA	Zip Code 95503-3924	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description Willimantic Office						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$137.78

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Park City Ford					10/01/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
60 North Ave		Bridgeport	CT	06606-5131	TRVL		
Description						Event #	
campaign car bulb out							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$29.09	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jays Interstate					10/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Marion Ave		Plantsville	CT	06479-1401	TRVL		
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$45.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					10/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
Campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$40.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
2074 Park Street LLC					10/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>816</u>	
2074 Park St		Hartford	CT	06106-2051	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct Rent - Hartford Office							
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
Joseph W. Garland					10/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>813</u>	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$285.02	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					10/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>806</u>	
227 Brookdale Rd		Stamford	CT	06903-4118	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$346.47	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
The Harty Press, Inc.	10/05/2010	<input checked="" type="checkbox"/> Check #	\$1,961.00	
Street Address PO Box 324	City New Haven	State CT		Zip Code 06513-0324
Purpose of Expenditure A-OTH				Event #
Description Posters				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				
Chris McArdle	10/05/2010	<input checked="" type="checkbox"/> Check #	\$1,000.00	
Street Address 41 Bennetts Bridge Rd	City Sandy Hook	State CT		Zip Code 06482-1440
Purpose of Expenditure CNSLT				Event #
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				
GSG Communications, LLC	10/05/2010	<input checked="" type="checkbox"/> Check #	\$12,000.00	
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure CNSLT				Event #
Description October consulting 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				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
GSG Communications, LLC	10/05/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure CNSLT				808
Description Primary Media Fee Balance				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$1,332.88	
Robert Blanchard	10/05/2010	<input checked="" type="checkbox"/> Check #		
Street Address 18 Indian Ledge Rd	City Monroe	State CT		Zip Code 06468-1064
Purpose of Expenditure PRNT				814
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$37.50	
Damons Tavern	10/05/2010	<input type="checkbox"/> Check #		
Street Address 310 Prospect Ave	City Hartford	State CT		Zip Code 06106-2028
Purpose of Expenditure FOOD				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$29.36	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Dunkin Donuts					10/05/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
450 Main St		Stamford	CT	06901-3026	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3.40
Name of Payee					Date of Payment	Method of Payment	Amount
Americo Santiago					10/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>812</u> <input type="checkbox"/> Debit Card	
93 Burnham St		Bridgeport	CT	06604-5222	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$281.55
Name of Payee					Date of Payment	Method of Payment	Amount
Theresa Becchi					10/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>811</u> <input type="checkbox"/> Debit Card	
62 Blue Ridge Dr		Stamford	CT	06903-4923	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$15.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Wanda Alzamora	10/05/2010	<input checked="" type="checkbox"/> Check #		
Street Address 47 Farmstead Ln	City West Hartford	State CT		Zip Code 06117-2013
Purpose of Expenditure CNSLT		809 <input type="checkbox"/> Debit Card		
Description translation 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		
			\$250.00	
Crocodile Club	10/06/2010	<input checked="" type="checkbox"/> Check #		
Street Address 95 Riverside Ave # C /o Caousel Museu	City Bristol	State CT		Zip Code 06010-6390
Purpose of Expenditure CHAR		818 <input type="checkbox"/> Debit Card		
Description Reunion Dinner		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		
			\$165.00	
Sean Goulart	10/06/2010	<input checked="" type="checkbox"/> Check #		
Street Address 47 Cooper Rd	City Ridgefield	State CT		Zip Code 06877-6103
Purpose of Expenditure Misc *		817 <input type="checkbox"/> Debit Card		
Description Technology Forensics		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		
			\$400.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Max Downtown					10/07/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
185 Asylum St		Hartford	CT	06103-3401	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$205.00
Name of Payee					Date of Payment	Method of Payment	Amount
Commercial Service Secretarial, Design & Copy Shop					10/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>819</u>	
45 Freight St Rm 1		Waterbury	CT	06702-1814	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Waterbury absintee ballots							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,000.00
Name of Payee					Date of Payment	Method of Payment	Amount
Commercial Service Secretarial, Design & Copy Shop					10/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>820</u>	
45 Freight St Rm 1		Waterbury	CT	06702-1814	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
follow up mailing							
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							\$300.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Monro Muffler/Brake					10/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
330 Prospect Ave , Shop 510	Hartford	CT	06106-2028	OVHD			
Description						Event #	
campaign car oil change							
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							\$32.61
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					10/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2120 Park St	Hartford	CT	06106-2026	TRVL			
Description						Event #	
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							\$44.60
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2120 Park St	Hartford	CT	06106-2026	TRVL			
Description						Event #	
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							\$45.65

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
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							\$37.15
Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2		Stamford	CT	06901-1741	BNK		
Description						Event #	
wire transfer fee							
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							\$25.00
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1678 Randolph Rd		Middletown	CT	06457-4043	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,338.46

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Michael Caplet	10/08/2010	<input type="checkbox"/> Check #		
Street Address 113 Brainard Rd	City Colchester	State CT		Zip Code 06415-2040
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$923.08	
Joseph W. Garland	10/08/2010	<input type="checkbox"/> Check #		
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX		Zip Code 77381-2826
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$1,846.15	
Joseph W. Garland	10/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX		Zip Code 77381-2826
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$129.14	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	825	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
1/2 Sept Stipend - phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
420 James St		Bay City	MI	48706-3930	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SKD Knickerbocker					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
1818 N St NW Ste 450		Washington	DC	20036-2473	A-TV	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
TV & Cable time buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$213,701.74
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,965.10
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>831</u> <input type="checkbox"/> Debit Card	
277 Ocean Dr E		Stamford	CT	06902-8219	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$92.66
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	828	
4 Gorman Pl		East Hartford	CT	06108-1450	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$128.41
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	834	
2611 Bainbridge Ln		Silver Spring	MD	20906-5378	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$807.69
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	834	
2611 Bainbridge Ln		Silver Spring	MD	20906-5378	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$33.13
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,115.38
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
4 Gorman Pl		East Hartford	CT	06108-1450	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$923.08
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
28 Farmstead Ln		West Hartford	CT	06117-2012	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,300.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
600 Asylum Ave Apt 825		Hartford	CT	06105-3807	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,923.08
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
399 Route 165		Preston	CT	06365-8722	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,600.00
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
42 Lancaster Rd		West Hartford	CT	06119-1521	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$923.08

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	833		
42 Lancaster Rd	West Hartford	CT	06119-1521	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$45.09	
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	837		
160 Adams St	Hartford	CT	06112-1802	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$923.08	
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	837		
160 Adams St	Hartford	CT	06112-1802	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$78.29	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Lisa Hopkins					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
16 Frances Hunter Dr		New Haven	CT	06511-3629	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$888.46
Name of Payee					Date of Payment	Method of Payment	Amount
Nancy Wyman					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>840</u>	
18 Pilgrim Dr		Tolland	CT	06084-2906	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$561.51
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>829</u>	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
						10052010a	
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							\$390.55

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Arthur Perry					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	838	
40 Cambridge St		New Britain	CT	06051-3903	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,003.37
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	839	
PO Box 196		Newark	NJ	07101-0196	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Hartford Office							
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							\$305.04
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Brumleve					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	839	
11018 Graduate Ln Apt K		Charlotte	NC	28262-8875	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$807.69

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Hanafin's Public House					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
310 State St	New London	CT	06320-6101	OVHD	<u>841</u>	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$300.00
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Brumleve					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
11018 Graduate Ln Apt K	Charlotte	NC	28262-8875	RCW	<u>830</u>	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$152.36
Name of Payee					Date of Payment	Method of Payment	Amount
David Osorio					10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2543 Old Town Rd	Bridgeport	CT	06606-1336	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,384.62

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
18 Indian Ledge Rd	Monroe	CT	06468-1064	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Logan Clark					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> 835 <input type="checkbox"/> Debit Card		
26 Bushy Hill Rd	Granby	CT	06035-2902	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$58.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Logan Clark					10/08/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
26 Bushy Hill Rd	Granby	CT	06035-2902	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$807.69	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Daniel Dauplaise	10/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address 108 Mayapple Rd	City Stamford	State CT		Zip Code 06903-1307
Purpose of Expenditure RCW				836
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$330.04	
Daniel Dauplaise	10/08/2010	<input type="checkbox"/> Check #		
Street Address 108 Mayapple Rd	City Stamford	State CT		Zip Code 06903-1307
Purpose of Expenditure WAGE				836
Description				<input checked="" type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$807.69	
Juliet Manalan	10/08/2010	<input checked="" type="checkbox"/> Check #		
Street Address CAFCA, 555 Windsor St	City Hartford	State CT		Zip Code 06120-2418
Purpose of Expenditure RCW				827
Description 1/2 Sept stipend - phone				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$37.50	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Juliet Manalan					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
CAFA, 555 Windsor St		Hartford	CT	06120-2418	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,769.23
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Bill Welz					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
PO Box 176 93 Tripp Hollow Rd		Brooklyn	CT	06234-0176	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$807.69
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Bill Welz					10/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>823</u> <input type="checkbox"/> Debit Card	
PO Box 176 93 Tripp Hollow Rd		Brooklyn	CT	06234-0176	RCW		
Description						Event #	
1/2 Sept Stipend phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$25.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Theresa Becchi					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
62 Blue Ridge Dr		Stamford	CT	06903-4923	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$807.69
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
800 W Harris St		Eureka	CA	95503-3924	EFV *		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$158.98
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Philip Hennessey					10/08/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
200 Park Ave		Hartford	CT	06108-1751	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$461.54
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Shell					10/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
145 Lordship Blvd	Stratford	CT	06615-7119	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$52.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					10/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
145 Lordship Blvd	Stratford	CT	06615-7119	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
gas campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$53.35
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					10/11/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
800 W Harris St	Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
toner, print cartridges							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$163.20
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sean Goulart					10/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	843	
47 Cooper Rd		Ridgefield	CT	06877-6103	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Research							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,875.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					10/11/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	842	
94 West Ave		Norwalk	CT	06854-2226	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$38.48
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Event Resources Inc					10/11/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	842	
333 Park Ave		East Hartford	CT	06108-1750	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
election night production						11022010a	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$6,975.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					10/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	BNK		
Description						Event #	
fee							
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							\$507.79
Name of Payee					Date of Payment	Method of Payment	Amount
Arthur Perry					10/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>844</u>	
40 Cambridge St		New Britain	CT	06051-3903	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$869.50
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					10/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
145 Lordship Blvd		Stratford	CT	06615-7119	TRVL		
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$49.30

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Dan Malloy For Governor						
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Staples Direct				10/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		
800 W Harris St	Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
New Haven office supplies						
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						\$156.86
Name of Payee				Date of Payment	Method of Payment	Amount
Mobil - Friendly Service				10/13/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		
351 Main St	Danbury	CT	06810-5818	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description					Event #	
campaign car						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$49.35
Name of Payee				Date of Payment	Method of Payment	Amount
Plaza Ford				10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		
218 Flanders Rd	Niantic	CT	06357-1201	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #	
Sept/Oct Wyman Car						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$589.36

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Plaza Ford	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 218 Flanders Rd	City Niantic	State CT		Zip Code 06357-1201
Purpose of Expenditure TRVL				847 <input type="checkbox"/> Debit Card
Description Sept/Oct Malloy Car				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,060.00	
GSG Communications, LLC	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure POLLS				846 <input type="checkbox"/> Debit Card
Description tracking survey #2				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	
			\$15,500.00	
Nan Birdwhistell	10/13/2010	<input checked="" type="checkbox"/> Check #		
Street Address 16 Cleft Rock Ln	City Woodbridge	State CT		Zip Code 06525-1417
Purpose of Expenditure RCW				877 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$416.05	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					10/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	845		
215 Oxford St	Hartford	CT	06105-2249	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
phone stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$60.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Harland Clarke					10/14/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	845		
10931 Laureate Dr	San Antonio	TX	78249-3312	BNK	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
checks							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$126.14	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	871		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Oct cell+reimbursements							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$111.15	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Michael Caplet	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 113 Brainard Rd	City Colchester	State CT		Zip Code 06415-2040
Purpose of Expenditure RCW				851
Description oct 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	
			\$50.00	
People's United Bank	10/15/2010	<input type="checkbox"/> Check #		
Street Address 350 Bedford St Fl 2	City Stamford	State CT		Zip Code 06901-1741
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description wire transfer 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	
			\$25.00	
SKD Knickerbocker	10/15/2010	<input type="checkbox"/> Check #		
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-DM				<input checked="" type="checkbox"/> Debit Card
Description direct mail				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	
			\$450,000.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount										
SKD Knickerbocker	10/15/2010	<input type="checkbox"/> Check #	\$2,527,470.47										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Street Address</td> <td style="width: 25%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip Code</td> <td style="width: 35%;">Purpose of Expenditure</td> </tr> <tr> <td>1818 N St NW Ste 450</td> <td>Washington</td> <td>DC</td> <td>20036-2473</td> <td>A-TV</td> </tr> </table>	Street Address	City		State	Zip Code	Purpose of Expenditure	1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV		<input checked="" type="checkbox"/> Debit Card
Street Address	City	State		Zip Code	Purpose of Expenditure								
1818 N St NW Ste 450	Washington	DC		20036-2473	A-TV								
Description media placement 10/19-11/02													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td style="width: 30%;">Other Candidate(s) Name</td> <td style="width: 40%;">Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>				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			
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													
Kyle J. Buda	10/15/2010	<input checked="" type="checkbox"/> Check #	\$82.00										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Street Address</td> <td style="width: 25%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip Code</td> <td style="width: 35%;">Purpose of Expenditure</td> </tr> <tr> <td>420 James St</td> <td>Bay City</td> <td>MI</td> <td>48706-3930</td> <td>RCW</td> </tr> </table>	Street Address	City		State	Zip Code	Purpose of Expenditure	420 James St	Bay City	MI	48706-3930	RCW		850 <input type="checkbox"/> Debit Card
Street Address	City	State		Zip Code	Purpose of Expenditure								
420 James St	Bay City	MI		48706-3930	RCW								
Description Oct Health/cell													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td style="width: 30%;">Other Candidate(s) Name</td> <td style="width: 40%;">Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>				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			
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													
Joseph W. Garland	10/15/2010	<input checked="" type="checkbox"/> Check #	\$259.17										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Street Address</td> <td style="width: 25%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Zip Code</td> <td style="width: 35%;">Purpose of Expenditure</td> </tr> <tr> <td>32 E Lance Leaf Rd</td> <td>The Woodlands</td> <td>TX</td> <td>77381-2826</td> <td>RCW</td> </tr> </table>	Street Address	City		State	Zip Code	Purpose of Expenditure	32 E Lance Leaf Rd	The Woodlands	TX	77381-2826	RCW		869 <input type="checkbox"/> Debit Card
Street Address	City	State		Zip Code	Purpose of Expenditure								
32 E Lance Leaf Rd	The Woodlands	TX		77381-2826	RCW								
Description oct cell+reimbursements													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Is this expenditure coordinated with another candidate for which reimbursement is sought?</td> <td style="width: 30%;">Other Candidate(s) Name</td> <td style="width: 40%;">Office Sought</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>				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			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought											
<input type="checkbox"/> Yes													
<input checked="" type="checkbox"/> No													

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	863	
4 Gorman Pl		East Hartford	CT	06108-1450	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct stipend + reimbursables							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$209.04	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	860	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct Health							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$843.62	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	858	
1678 Randolph Rd		Middletown	CT	06457-4043	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct Stipend							
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	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	853	
35 Sherwood Ln		Norwich	CT	06360-5251	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct cell							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Ficeto					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	862	
13 Diamond Rock Rd		Wolcott	CT	06716-1100	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$49.81	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	856	
600 Asylum Ave Apt 825		Hartford	CT	06105-3807	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct Stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$298.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Arthur Perry					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	864	
40 Cambridge St		New Britain	CT	06051-3903	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$187.49
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lisa Hopkins					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	855	
16 Frances Hunter Dr		New Haven	CT	06511-3629	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct cell							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$50.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	852	
28 Farmstead Ln		West Hartford	CT	06117-2012	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct Stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$194.41
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	867	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
oct stipend+reimbursements							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$682.91	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	870	
42 Lancaster Rd		West Hartford	CT	06119-1521	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct cell+reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$84.44	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	874	
160 Adams St		Hartford	CT	06112-1802	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct stipend+reimbursements							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$440.18	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Juliet Manalan	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
CAFCA, 555 Windsor St	Hartford	CT		06120-2418
Purpose of Expenditure		857		
Description		Event #		
Oct 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				
			\$655.00	
Bill Welz	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
PO Box 176 93 Tripp Hollow Rd	Brooklyn	CT		06234-0176
Purpose of Expenditure		861		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$366.02	
Logan Clark	10/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
26 Bushy Hill Rd	Granby	CT		06035-2902
Purpose of Expenditure		872		
Description		Event #		
Oct cell+reimburse				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$70.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Dauplaise					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	873	
108 Mayapple Rd		Stamford	CT	06903-1307	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct cell+reimbursements							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$208.72	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
David Osorio					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	859	
2543 Old Town Rd		Bridgeport	CT	06606-1336	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
oct cell							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$50.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	875	
18 Indian Ledge Rd		Monroe	CT	06468-1064	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Oct cell/health+reimbursements							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$229.18	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Brumleve					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	868	
11018 Graduate Ln Apt K		Charlotte	NC	28262-8875	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$86.26
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Inner City News					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	876	
PO Box 9431		New Haven	CT	06534-0431	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
1/2 page 10/20							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,375.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Americo Santiago					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	866	
93 Burnham St		Bridgeport	CT	06604-5222	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$279.29
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Philip Hennessey					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	854		
200 Park Ave	Hartford	CT	06108-1751	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Oct Stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$50.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Theresa Becchi					10/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	865		
62 Blue Ridge Dr	Stamford	CT	06903-4923	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Oct cell +reimburse							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$306.48	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					10/17/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	854		
800 W Harris St	Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
paper/toner/print cartridge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$269.18	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Grassroots Strategies	10/18/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
20 Arbor St Ste 21	Hartford	CT		06106-1201
Purpose of Expenditure				886
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$2,102.60	
Fort Hill Farms & Garden LLC	10/18/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
260 Quaddick Rd	Thompson	CT		06277-2228
Purpose of Expenditure				881
Description			Event #	
Agriculture discussion refreshments				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$140.00	
Diane Alverio & Co	10/18/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
100 Wells St	Hartford	CT		06103-2928
Purpose of Expenditure				A-RAD
Description			Event #	
Spanish radio media buys				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$9,020.00	

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NAME OF COMMITTEE						FILING DUE DATE	
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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Diane Alverio & Co					10/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	883	
100 Wells St		Hartford	CT	06103-2928	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
Spanish newspaper print adds							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$1,504.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Mercury Fuel					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
866 Highland Ave		Waterbury	CT	06708-4631	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$50.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Exxon Mobil					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
365 S Broad St		Meriden	CT	06450-5839	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
						\$37.79	

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NAME OF COMMITTEE						FILING DUE DATE	
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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
CVS					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1044 Boulevard		West Hartford	CT	06119-1801	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$21.32
Name of Payee					Date of Payment	Method of Payment	Amount
Sherwood Diner					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
901 Post Rd E		Westport	CT	06880-5221	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$15.40
Name of Payee					Date of Payment	Method of Payment	Amount
Political Marketing International, Inc.					10/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	885 <input type="checkbox"/> Debit Card	
PO Box 698		Marianna	FL	32447-0698	A-PH-BNK		
Description						Event #	
auto call							
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							\$83.13

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NAME OF COMMITTEE						FILING DUE DATE	
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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
SEIU 32BJ					10/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	879	
101 Avenue of the Americas Fl 22		New York	NY	10013-1941	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
2wks salary and benefits for services of SEIU employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,334.60	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					10/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	878	
41 Bennetts Bridge Rd		Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$2,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mobil					10/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Wilbur Cross Parkway South		Orange	CT	06477	TRVL		
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.55	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
SKD Knickerbocker	10/18/2010	<input checked="" type="checkbox"/> Check #	\$7,210.00	
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-OTH				880
Description reprint palm cards				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
AT&T Wireless	10/18/2010	<input checked="" type="checkbox"/> Check #	\$110.62	
Street Address PO Box 6416	City Carol Stream	State IL		Zip Code 60197-6416
Purpose of Expenditure OVHD				884
Description Malloy cell				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
Sunoco	10/18/2010	<input type="checkbox"/> Check #	\$53.41	
Street Address 765 E Main St	City Stamford	State CT		Zip Code 06902-3833
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	

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NAME OF COMMITTEE	FILING DUE DATE
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Name of Payee	Date of Payment	Method of Payment	Amount
Groundswell Communications, Inc.	10/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address 101 N Union St Ste 305	City Alexandria	State VA	Zip Code 22314-3231
Purpose of Expenditure A-ATM		888 <input type="checkbox"/> Debit Card	
Description Telephone Town Hall		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	\$4,800.00
Name of Payee	Date of Payment	Method of Payment	Amount
Insurance and Financial Services, Inc.	10/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address 832 Bedford St	City Stamford	State CT	Zip Code 06901-1116
Purpose of Expenditure OVHD		889 <input type="checkbox"/> Debit Card	
Description workmans comp		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	\$1,190.00
Name of Payee	Date of Payment	Method of Payment	Amount
Shell	10/19/2010	<input type="checkbox"/> Check #	
Street Address 145 Lordship Blvd	City Stratford	State CT	Zip Code 06615-7119
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description campaign car		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$53.10

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NAME OF COMMITTEE						FILING DUE DATE	
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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
WPRX Radio 1120					10/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	887	
321 Ellis St Ste 5		New Britain	CT	06051-3504	A-RAD	<input type="checkbox"/> Debit Card	
Description						Event #	
radio buy							
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
Shell					10/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
583 W Main St		Meriden	CT	06451-2751	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$53.90	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					10/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
800 W Harris St		Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Willimantic suplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$106.06	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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NAME OF COMMITTEE						FILING DUE DATE	
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Name of Payee					Date of Payment	Method of Payment	Amount
Shop Rite					10/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
200 Shippan Ave		Stamford	CT	06902-6013	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$19.68
Name of Payee					Date of Payment	Method of Payment	Amount
Commercial Service Secretarial, Design & Copy Shop					10/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>892</u> <input type="checkbox"/> Debit Card	
45 Freight St Rm 1		Waterbury	CT	06702-1814	PRNT		
Description						Event #	
Waterbury absentee remaining payment							
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							\$214.76
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					10/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$52.00

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Name of Payee	Date of Payment	Method of Payment	Amount	
GSG Communications, LLC	10/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure POLLS				890
Description Tracking Survey #3				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	
			\$19,800.00	
GSG Communications, LLC	10/20/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure A-DM				891
Description direct mail				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$7,315.73	
GSG Communications, LLC	10/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure POLLS				893
Description Tracking Survey #4				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	
			\$15,500.00	

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NAME OF COMMITTEE	FILING DUE DATE
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N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
GSG Communications, LLC	10/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address 895 Broadway Fl 5	City New York	State NY	Zip Code 10003-1226
Purpose of Expenditure A-WEB		894 <input type="checkbox"/> Debit Card	
Description Online ad - final push		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	\$15,000.00
Name of Payee	Date of Payment	Method of Payment	Amount
Laz Parking	10/21/2010	<input type="checkbox"/> Check #	
Street Address 15 Lewis St # 501	City Hartford	State CT	Zip Code 06103-2502
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description campaign car		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$3.00
Name of Payee	Date of Payment	Method of Payment	Amount
Staples Direct	10/21/2010	<input type="checkbox"/> Check #	
Street Address 800 W Harris St	City Eureka	State CA	Zip Code 95503-3924
Purpose of Expenditure OFFICE		<input checked="" type="checkbox"/> Debit Card	
Description cartridge		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$116.59

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N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Philip Hennessey					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
200 Park Ave	Hartford	CT	06108-1751	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$807.69	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Theresa Becchi					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
62 Blue Ridge Dr	Stamford	CT	06903-4923	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$807.69	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Polski Express					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>911</u> <input type="checkbox"/> Debit Card		
1153 Newfield St	Middletown	CT	06457-1817	A-NEWS			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$200.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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Name of Payee	Date of Payment	Method of Payment	Amount	
Inquirer Newspaper Group	10/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 1260	City Hartford	State CT		Zip Code 06143-1260
Purpose of Expenditure A-NEWS				909 <input type="checkbox"/> Debit Card
Description ad				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	
			\$1,250.00	
Michael Mandell	10/22/2010	<input type="checkbox"/> Check #		
Street Address 1678 Randolph Rd	City Middletown	State CT		Zip Code 06457-4043
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$1,338.46	
Joseph W. Garland	10/22/2010	<input type="checkbox"/> Check #		
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX		Zip Code 77381-2826
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$1,846.15	

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NAME OF COMMITTEE						FILING DUE DATE	
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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>901</u>	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$59.26
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
420 James St		Bay City	MI	48706-3930	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$923.08
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$2,913.51
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$923.08
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Ficeto					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>896</u>	
13 Diamond Rock Rd		Wolcott	CT	06716-1100	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
reimbursables 10/16-10/22							
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							\$64.65
Name of Payee					Date of Payment	Method of Payment	Amount
Identidad Latina LLC					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>906</u>	
PO Box 330295		West Hartford	CT	06133-0295	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$393.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ledger Publications					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	907	
740 N Main St Ste W		West Hartford	CT	06117-2480	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
Jewish Ledger ad							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$650.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	907	
113 Brainard Rd		Colchester	CT	06415-2040	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	907	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,115.38
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
4 Gorman Pl	East Hartford	CT	06108-1450	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
4 Gorman Pl	East Hartford	CT	06108-1450	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$47.01	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$807.69	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>903</u>	
2611 Bainbridge Ln		Silver Spring	MD	20906-5378	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$33.82
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lisa Hopkins					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
16 Frances Hunter Dr		New Haven	CT	06511-3629	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$807.69
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Nancy Wyman					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>897</u>	
18 Pilgrim Dr		Tolland	CT	06084-2906	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$614.36
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
600 Asylum Ave Apt 825	Hartford	CT	06105-3807	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,923.08	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Polski Express Mass Media LLC					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
274 Broad St	New Britain	CT	06053-4096	A-NEWS			
Description						Event #	
ad ITV Global							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$100.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
42 Lancaster Rd	West Hartford	CT	06119-1521	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
160 Adams St	Hartford	CT	06112-1802	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
42 Lancaster Rd	West Hartford	CT	06119-1521	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					10/22/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
399 Route 165	Preston	CT	06365-8722	WAGE			
Description						Event #	
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	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$633.46
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
28 Farmstead Ln		West Hartford	CT	06117-2012	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,300.00
Name of Payee					Date of Payment	Method of Payment	Amount
David Osorio					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
2543 Old Town Rd		Bridgeport	CT	06606-1336	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,384.62

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Ben Brumleve	10/22/2010	<input type="checkbox"/> Check #		
Street Address 11018 Graduate Ln Apt K	City Charlotte	State NC		Zip Code 28262-8875
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$807.69	
Logan Clark	10/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 26 Bushy Hill Rd	City Granby	State CT		Zip Code 06035-2902
Purpose of Expenditure RCW				904 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$20.00	
Robert Blanchard	10/22/2010	<input type="checkbox"/> Check #		
Street Address 18 Indian Ledge Rd	City Monroe	State CT		Zip Code 06468-1064
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$923.08	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Bill Welz	10/22/2010	<input type="checkbox"/> Check #		
Street Address PO Box 176 93 Tripp Hollow Rd	City Brooklyn	State CT		Zip Code 06234-0176
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$807.69	
Juliet Manalan	10/22/2010	<input type="checkbox"/> Check #		
Street Address CAFCA, 555 Windsor St	City Hartford	State CT		Zip Code 06120-2418
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$2,769.23	
Daniel Dauplaise	10/22/2010	<input checked="" type="checkbox"/> Check #		
Street Address 108 Mayapple Rd	City Stamford	State CT		Zip Code 06903-1307
Purpose of Expenditure RCW				<input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$152.76	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Juliet Manalan					10/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	898	
CAFA, 555 Windsor St		Hartford	CT	06120-2418	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$31.11
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Logan Clark					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
26 Bushy Hill Rd		Granby	CT	06035-2902	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$807.69
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Dauplaise					10/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
108 Mayapple Rd		Stamford	CT	06903-1307	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$807.69
<input checked="" type="checkbox"/> No							
Total of Section N						\$4,168,161.19	

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Dan Malloy For Governor									
O. Campaign Expenses Paid By Candidate									
Name of Payee New England Service					Date of Payment 10/01/2010		Is Reimbursement Claimed?		Amount
Street Address 1429 E Putnam Ave			City Old Greenwich		State CT	Zip Code 06870-1307		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Expenditure TRVL	Description					Event #		\$45.91	
Name of Payee Shell					Date of Payment 10/02/2010		Is Reimbursement Claimed?		Amount
Street Address 335 Capitol Ave			City Hartford		State CT	Zip Code 06106-1412		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Purpose of Expenditure TRVL	Description					Event #		\$46.75	
Total of Section O								\$92.66	

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought	
Yes					
No					

Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Dauplaise, Daniel	Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502
Description Paper/Toner			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$197.14
Other Candidate(s) Name			Office Sought

Name of Worker/Consultant Dauplaise, Daniel	Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address Merritt Parkway	City New Canaan	State CT	Zip Code 06840
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$35.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Surgeon, Shirley A.	Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301
Description Toner			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$58.29
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Surgeon, Shirley A.	Date of Payment 10/01/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 384 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-2104
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/01/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$38.92	
Garland, Joseph	10/01/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$44.50	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wilson, Nathan	Date of Payment 10/02/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301
Description Hartford office - toner			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$154.74
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Hyde, Charles	Date of Payment 10/02/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee CVS	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 326 Main St	City Southington	State CT	Zip Code 06489-2508
Description Parade Candy			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$14.99
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Brumleve, Benjamin	10/02/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1380 Silas Deane Hwy	City Rocky Hill	State CT	Zip Code 06067-1302
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.03
Other Candidate(s) Name _____ Office Sought _____			
LeBeau, Matthew	10/03/2010	<input type="checkbox"/> Check #	
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$27.00
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Garland, Joseph	10/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 905 Farmington Ave	City West Hartford	State CT		Zip Code 06119-1405
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$53.21	
Other Candidate(s) Name Office Sought				
Wyman, Nancy	10/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 295 Hartford Tpke	City Vernon	State CT		Zip Code 06066-4783
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$39.16	
Other Candidate(s) Name Office Sought				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	10/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 419 Main St	City Danbury	State CT		Zip Code 06810-4738
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$31.13	
Clark, Logan	10/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Berlin Fair	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 430 Beckley Rd	City East Berlin	State CT		Zip Code 06023
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$12.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Clark, Logan	10/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Jays Interstate	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 11 Marion Ave	City Plantsville	State CT	Zip Code 06479-1401
Description			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 _____			
Welz, William	10/04/2010	<input type="checkbox"/> Check #	
Secondary Payee Ocean State Job Lot	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 20 Mountain Ave	City Bloomfield	State CT	Zip Code 06002-2339
Description pens, paperclips, etc			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$27.26
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 669 Farmington Ave	City Hartford	State CT		Zip Code 06119-1811
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$28.61	
Blanchard, Robert	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee SHell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 912 Danbury Rd	City Wilton	State CT		Zip Code 06897-4907
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.01	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Santiago, Americo	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 4543 Main St	City Bridgeport	State CT		Zip Code 06606-1818
Description Bridgeport 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	
			\$279.29	
Dauplaise, Daniel	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 109 E Main St	City Torrington	State CT		Zip Code 06790-5425
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$49.49	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$25.00	
Garland, Joseph	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 295 Spielman Hwy	City Burlington	State CT		Zip Code 06013-1605
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$29.43	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Home Depot	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 503 New Park Ave	City West Hartford	State CT		Zip Code 06110-1326
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$48.20	
Hyde, Charles	10/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 857 Main St	City Torrington	State CT		Zip Code 06790-3346
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant LeBeau, Matthew	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Family Dollar	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 25 S Main St	City Waterbury	State CT	Zip Code 06706-1011
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.83
Other Candidate(s) Name			Office Sought
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$41.77
Other Candidate(s) Name			Office Sought
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$41.77

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Brumleve, Benjamin	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Brumleve, Benjamin	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Radio Shack	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 63 Overlook Ter	City Hartford	State CT	Zip Code 06106-3638
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$76.29
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Brumleve, Benjamin	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Shop Rite	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Kane St	City West Hartford	State CT	Zip Code 06119-2109
Description Debate Watch			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$36.04
Name of Worker/Consultant LeBeau, Matthew	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 105 Meriden Rd	City Waterbury	State CT	Zip Code 06705-1933
Description			Event # 10052010a
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$28.81

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Garland, Joseph	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee City Of Hartford	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 550 Main St	City Hartford	State CT	Zip Code 06103-2913
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 \$2.00
Garland, Joseph	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee BP	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1046 Boston Post Rd	City Guilford	State CT	Zip Code 06437
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$47.29

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Urbank, Katharine	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301
Description toner/office supplies-Hartford Office			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$346.47
Name of Worker/Consultant Becchi, Theresa	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 151 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-1240
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$15.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Santiago, Americo	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2427 Main St	City Bridgeport	State CT	Zip Code 06606-5325
Description Bridgeport HQ opening			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Office Sought
Other Candidate(s) Name			\$53.96
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Santiago, Americo	10/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 4543 Main St	City Bridgeport	State CT	Zip Code 06606-1818
Description Supplies Bridgeport Office			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Office Sought
Other Candidate(s) Name			\$115.16

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Santiago, Americo	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Radio Shack	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 120 Boston Ave	City Bridgeport	State CT		Zip Code 06610-1604
Description computer/phone wires/ Bridgeport office		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$32.82	
Garland, Joseph	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Oct Healthcare		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	
			\$182.87	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Garland, Joseph	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address I-95 Northbound	City Branford	State CT	Zip Code 06405
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$51.68
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Garland, Joseph	Date of Payment 10/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee West Hartford Lock	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 360 Prospect St	City Hartford	State CT	Zip Code 06109-3644
Description keys			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$3.18
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 915 North Ave	City Bridgeport	State CT		Zip Code 06606-5739
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$37.50	
Santiago, Americo	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 760 Villa Ave	City Fairfield	State CT		Zip Code 06825-4874
Description Bridgeport Hq Openning				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				
			\$79.61	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Sam's Food Store	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 106 Sisson Ave	City Hartford	State CT		Zip Code 06106-1158
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$42.74	
Dauplaise, Daniel	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 288 West Ave	City Stamford	State CT		Zip Code 06902-6327
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$15.86	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Clark, Logan	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Walmart	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 495 Flatbush Ave	City Hartford	State CT		Zip Code 06106-3601
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$6.08	
Dauplaise, Daniel	10/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Wineport at Ridgeway	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 2202 Bedford St	City Stamford	State CT		Zip Code 06905-3905
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$40.25	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Welz, William	10/06/2010	<input type="checkbox"/> Check #	
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 187 Willimantic Rd	City Chaplin	State CT	Zip Code 06235-2516
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$54.06
Other Candidate(s) Name _____ Office Sought _____			
Birdwhistell, Nan	10/06/2010	<input type="checkbox"/> Check #	
Secondary Payee Colleen Adley	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 15 Westwood Rd	City Milford	State CT	Zip Code 06461-2749
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$265.00
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Perry, Arthur	10/06/2010	<input type="checkbox"/> Check #		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 1044 Boulevard	City West Hartford	State CT		Zip Code 06119-1801
Description labels				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				
			\$5.47	
Wilson, Nathan	10/06/2010	<input type="checkbox"/> Check #		
Secondary Payee FedEx Kinko's	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105-3049
Description Spanish Lit copies				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				
			\$177.02	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/06/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Hartford office Print Cartridge				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$10.59	
Hyde, Charles	10/07/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$10.10	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	10/07/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 123 Main St	City Monroe	State CT		Zip Code 06468-1609
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$20.17	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-4227
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$47.65	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Surgeon, Shirley A.	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description toner		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	
			\$77.37	
Perry, Arthur	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description gas 9/9/10		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	
			\$40.85	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description gas 09/11/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$31.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee M & S Mini Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1037 Boulevard	City West Hartford	State CT	Zip Code 06119-1802
Description gas 9/21/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$32.25
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 4003	City Acworth	State GA	Zip Code 30101-9004
Description Aug cell reimbursement			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$347.14
Other Candidate(s) Name			Office Sought
Perry, Arthur	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 4003	City Acworth	State GA	Zip Code 30101-9004
Description Sept cell reimbursement			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$430.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227
Description gas of 08/25/10			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
			\$35.09
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 295 Hartford Tpke	City Vernon	State CT	Zip Code 06066-4783
Description gas of 09/06			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
			\$32.75

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227
Description gas of 09/01			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$42.72
Other Candidate(s) Name			Office Sought
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227
Description gas of 08/18			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$38.82
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 131 Brainard Rd	City Hartford	State CT	Zip Code 06114-1603
Description gas of 08/19			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$36.17
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1302 Hartford Tpke	City Vernon	State CT	Zip Code 06066-4514
Description gas of 08/21			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$25.02

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Hess	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 169 North Ave	City Bridgeport	State CT		Zip Code 06606-5120
Description gas of 08/23				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.54	
Other Candidate(s) Name Office Sought				
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 24 High St	City East Hartford	State CT		Zip Code 06118-1817
Description gas of 08/30				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.22	
Other Candidate(s) Name Office Sought				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Economy Oil Change	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 315 Hartford Tpke # Rte # 30	City Vernon	State CT		Zip Code 06066-4739
Description car maint		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	
			\$33.87	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Exxon Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1510 Albany Ave	City Hartford	State CT		Zip Code 06112-2113
Description gas of09/04		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	
			\$35.32	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 295 Hartford Tpke	City Vernon	State CT	Zip Code 06066-4783
Description gas of 09/08			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$37.64
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 295 Hartford Tpke	City Vernon	State CT	Zip Code 06066-4783
Description gas of 09/14			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$36.84

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227
Description gas of 08/27			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
			\$35.46
Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 117 Boston Post Rd	City Waterford	State CT	Zip Code 06385-2400
Description gas of 09/05			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$29.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 128 Merrow Rd	City Tolland	State CT		Zip Code 06084-3414
Description gas of 09/12		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$34.36	
Wyman, Nancy	10/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1302 Hartford Tpke	City Vernon	State CT		Zip Code 06066-4514
Description gas of 08/29		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$27.09	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Garland, Joseph	10/08/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 105378	City Atlanta	State GA	Zip Code 30348-5378
Description 1/2 sept 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 \$50.00
LeBeau, Matthew	10/09/2010	<input type="checkbox"/> Check #	
Secondary Payee Cumberland Farms	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1855 Berlin Tpke	City Wethersfield	State CT	Zip Code 06109-1307
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$27.01

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Surgeon, Shirley A.	10/09/2010	<input type="checkbox"/> Check #		
Secondary Payee Sam's Food Store	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 106 Sisson Ave	City Hartford	State CT		Zip Code 06106-1158
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$20.00	
Perry, Arthur	10/09/2010	<input type="checkbox"/> Check #		
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 151 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-1240
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$47.84	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/09/2010	<input type="checkbox"/> Check #		
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 1037 Boulevard	City West Hartford	State CT		Zip Code 06119-1802
Description Hartford Rally				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$89.28	
Dauplaise, Daniel	10/09/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Connecticut Tpke I-95 East, Exit 22	City Fairfield	State CT		Zip Code 06828
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$53.12	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	10/09/2010	<input type="checkbox"/> Check #		
Secondary Payee SHell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 912 Danbury Rd	City Wilton	State CT		Zip Code 06897-4907
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$20.00	
Weyland, Julia	10/10/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 109 E Main St	City Torrington	State CT		Zip Code 06790-5425
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$30.80	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Ficeto, Robert	10/10/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 430 Universal Dr N	City North Haven	State CT		Zip Code 06473-3174
Description absentee ballots followup 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	
			\$49.81	
Wyman, Nancy	10/10/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2263 Whitney Ave	City Hamden	State CT		Zip Code 06518-3504
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$35.18	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Becchi, Theresa	10/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 151 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-1240
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$20.00	
Garland, Joseph	10/11/2010	<input type="checkbox"/> Check #		
Secondary Payee SHell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 912 Danbury Rd	City Wilton	State CT		Zip Code 06897-4907
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$60.59	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/11/2010	<input type="checkbox"/> Check #		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 566 Farmington Ave	City Hartford	State CT		Zip Code 06105-3094
Description stamps				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	\$88.00
Wyman, Nancy	10/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1302 Hartford Tpke	City Vernon	State CT		Zip Code 06066-4514
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$29.78

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 244 Boston Post Rd	City West Haven	State CT	Zip Code 06516-2003
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$46.57
Other Candidate(s) Name _____ Office Sought _____			
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 144 Corbin Ave	City New Britain	State CT	Zip Code 06052-1906
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.50
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1135 Farmington Ave	City Berlin	State CT	Zip Code 06037-5200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$28.39
Other Candidate(s) Name _____ Office Sought _____			
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1135 Farmington Ave	City Berlin	State CT	Zip Code 06037-5200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.46
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Stop & Shop	TRVL		
Street Address	City	State	Zip Code
1135 Farmington Ave	Berlin	CT	06037-5200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$41.95
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Stop & Shop	TRVL		
Street Address	City	State	Zip Code
1135 Farmington Ave	Berlin	CT	06037-5200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other Candidate(s) Name			
Office Sought			\$45.14

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1896 Meriden Waterbury Rd	City Waterbury	State CT		Zip Code 06716
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.92	
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$45.82	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$43.65
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 New Britain Ave	City Hartford	State CT	Zip Code 06106-3921
Description Political brigade			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
Dan Malloy For Governor	
R. Itemization of Reimbursements to Committee Workers and Consultants	

Name of Worker/Consultant Perry, Arthur	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 New Britain Ave	City Hartford	State CT	Zip Code 06106-3921
Description Political Brigade			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
			\$55.00

Name of Worker/Consultant Perry, Arthur	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1135 Farmington Ave	City Berlin	State CT	Zip Code 06037-5200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$41.48

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1593 New Britain Ave	City West Hartford	State CT	Zip Code 06110-2015
Description Political Brigade			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 \$30.00
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Ravi Petro	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 850 Maple Ave	City Hartford	State CT	Zip Code 06114-2322
Description Political Brigade			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 \$21.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Perry, Arthur	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Ravi Petro	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 850 Maple Ave	City Hartford	State CT	
Zip Code 06114-2322		Event #	
Description Political Brigade			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.00
Other Candidate(s) Name			
Office Sought			

Name of Worker/Consultant Perry, Arthur	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Q+M Enterprises LLC	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 182 Washington St	City Hartford	State CT	
Zip Code 06106-2463		Event #	
Description Political Brigade			
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
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee Sam's Food Store	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 106 Sisson Ave	City Hartford	State CT		Zip Code 06106-1158
Description Political Brigade				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				
			\$30.00	
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee Getty	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1235 Park Ave	City Bridgeport	State CT		Zip Code 06604-3411
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$31.31	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 131 Brainard Rd	City Hartford	State CT	Zip Code 06114-1603
Description Political Brigade			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$52.92
Perry, Arthur	10/12/2010	<input type="checkbox"/> Check #	
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure SRPLS	<input checked="" type="checkbox"/> Debit Card	
Street Address 507 New Park Ave	City West Hartford	State CT	Zip Code 06110-1326
Description Political Brigade			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 \$30.06

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 566 Farmington Ave	City Hartford	State CT		Zip Code 06105-3094
Description Posterboard, Stamps				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$37.53	
Wilson, Nathan	10/12/2010	<input type="checkbox"/> Check #		
Secondary Payee FedEx Kinko's	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105-3049
Description Flyers- Garde Debate				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$74.20	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wilson, Nathan	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Home Depot	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 503 New Park Ave	City West Hartford	State CT		Zip Code 06110-1326
Description Rally 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	\$34.00

Name of Worker/Consultant Wilson, Nathan	Date of Payment 10/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee FedEx Kinko's	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105-3049
Description Flyers				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	\$22.19

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Becchi, Theresa	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee FedEx Kinko's	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105-3049
Description Phone Bank/Canvasser Fliers				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 _____				
			\$61.06	
LeBeau, Matthew	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$21.60	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Welz, William	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$54.39	
Gianquinto, Matthew	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 105243	City Atlanta	State GA		Zip Code 30348-5243
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$60.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 602 Boston Post Rd	City Old Saybrook	State CT		Zip Code 06475-1507
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$36.26	
Becchi, Theresa	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee CVS	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 1044 Boulevard	City West Hartford	State CT		Zip Code 06119-1801
Description Supplies for Garde Debate		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$12.70	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Surgeon, Shirley A.	10/13/2010	<input type="checkbox"/> Check #		
Secondary Payee BJ's Wholesale Club	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 507 New Park Ave	City West Hartford	State CT		Zip Code 06110-1326
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$59.08	
Blanchard, Robert	10/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 915 North Ave	City Bridgeport	State CT		Zip Code 06606-5739
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$15.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Becchi, Theresa	10/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Mercury Fuel	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 151 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-1240
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$10.01	
Clark, Logan	10/14/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$20.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	10/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 109 E Main St	City Torrington	State CT		Zip Code 06790-5425
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$30.35	
Hyde, Charles	10/14/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$34.44	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Surgeon, Shirley A.	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description Oct health			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$233.73
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Surgeon, Shirley A.	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$50.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Clark, Logan	Date of Payment 10/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Oct 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
			\$50.00

Name of Worker/Consultant Dauplaise, Daniel	Date of Payment 10/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Oct 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
			\$50.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Garland, Joseph	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Oct 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	
Wilson, Nathan	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Oct Health				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
			\$287.71	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Hyde, Charles	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description oct 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				
			\$50.00	
Brumleve, Benjamin	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 660108	City Dallas	State TX		Zip Code 75266-0108
Description Oct 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				
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Becchi, Theresa	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee AT&T	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 350 George St	City New Haven	State CT		Zip Code 06511-6617
Description Oct 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 _____				
			\$50.00	
Welz, William	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 4003	City Acworth	State GA		Zip Code 30101-9004
Description Oct 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 _____				
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wilson, Nathan	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Oct 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 \$50.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Weyland, Julia	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 25505	City Lehigh Valley	State PA	Zip Code 18002-5505
Description Oct 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 \$50.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Aetna	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 72479326	City Philadelphia	State PA		Zip Code 19105-3961
Description Oct health		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	
			\$104.00	
Blanchard, Robert	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Oct 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	
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Dons Auto Service	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 7050 Main St	City Stratford	State CT		Zip Code 06614-1361
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$23.56	
Birdwhistell, Nan	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Anity Wine & Spirit	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 95 Amity Rd	City New Haven	State CT		Zip Code 06515-1400
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$151.05	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Buda, Kyle	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 420 James St	City Bay City	State MI		Zip Code 48706-3930
Description oct 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	
			\$50.00	
Caplet, Michael	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Oct 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	
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Frankel, Aaron	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Oct 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	
			\$144.41	
Goldman, Maxwell	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Oct 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	
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Hennessey, Philip	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Oct 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 \$50.00
Name of Worker/Consultant Buda, Kyle	Date of Payment 10/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 120 Monument Cir	City Indianapolis	State IN	Zip Code 46204-4906
Description Oct 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 \$32.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Manalan, Juliet	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description Oct 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 \$580.00
Manalan, Juliet	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 1769	City Newark	State NJ	Zip Code 07101-1769
Description Oct 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 \$75.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Mandell, Michael	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee CIGNA	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 9 Greenfield Dr S	City West Windsor	State NJ	Zip Code 08550-3520
Description Oct 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 \$200.00
Frankel, Aaron	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Oct 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 \$50.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Osorio, David	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee AT&T Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 537104	City Atlanta	State GA	Zip Code 30353-7104
Description Oct 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 \$50.00
Reich, Arielle	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee City Of Stamford	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description Oct 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 \$843.62

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Hopkins, Lisa	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee T-Mobile	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 109 Church St	City New Haven	State CT	Zip Code 06510-3016
Description oct 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
			\$50.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Kelly, Daniel	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee AT&T Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 6416	City Carol Stream	State IL	Zip Code 60197-6416
Description Oct 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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kelly, Daniel	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Golden Rule	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 712 11th St	City Lawrenceville	State IL		Zip Code 62439-2316
Description Oct 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 _____				
			\$198.00	
LeBeau, Matthew	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Oct 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 _____				
			\$110.43	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Mandell, Michael	10/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Cingular Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 17252	City Baltimore	State MD	Zip Code 21297-1252
Description Oct 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
			\$50.00
Name of Worker/Consultant Welz, William	Date of Payment 10/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 168 W Town St	City Norwich	State CT	Zip Code 06360-2112
Description gas of 9/23			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
			\$55.07

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Welz, William	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 82-86 Storrs Road Rte # 195	City Mansfield	State CT		Zip Code 06250
Description pens, paper, etc		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	
			\$69.91	
LeBeau, Matthew	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee AT&T Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 537104	City Atlanta	State GA		Zip Code 30353-7104
Description Oct 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	
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Perry, Arthur	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 957 West St	City Southington	State CT		Zip Code 06489-1023
Description gas of 9/27				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				
			\$42.00	
Wilson, Nathan	10/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 176 West St	City Cromwell	State CT		Zip Code 06416-1880
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$35.36	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 128 Merrow Rd	City Tolland	State CT		Zip Code 06084-3414
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$36.22	
Ficeto, Robert	10/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 910 Wolcott St	City Waterbury	State CT		Zip Code 06705-1317
Description envelopes - Waterbury				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				
			\$64.65	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Cumberland Farms	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 19 Hartford Ave	City Granby	State CT		Zip Code 06035-2308
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$31.92	
LeBeau, Matthew	10/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$27.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	
Zip Code 06106-2026		Event #	
Description 			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$48.58
Other Candidate(s) Name 			
Office Sought 			

Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fas Mart	Purpose of Expenditure SRPLS	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	
Zip Code 06109-4227		Event #	
Description 			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$41.39
Other Candidate(s) Name 			
Office Sought 			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Wilson, Nathan	Date of Payment 10/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cumberland Farms	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1855 Berlin Tpke	City Wethersfield	State CT	Zip Code 06109-1307
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.05
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Valvoline Instant Oil Change	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 4160 Main St	City Bridgeport	State CT	Zip Code 06606-2303
Description change bulb			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$14.83
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/19/2010	<input type="checkbox"/> Check #		
Secondary Payee CVS	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card		
Street Address 1044 Boulevard	City West Hartford	State CT		Zip Code 06119-1801
Description stamps				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	
			\$176.00	
Dauplaise, Daniel	10/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Merritt Parkway	City New Canaan	State CT		Zip Code 06840
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$50.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	10/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$5.29	
Wilson, Nathan	10/20/2010	<input type="checkbox"/> Check #		
Secondary Payee Lena's Pizzeria	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 2053 Park St	City Hartford	State CT		Zip Code 06106-2025
Description Volunteer Food				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name Office Sought				
			\$36.28	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Mallov For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Dauplaise, Daniel	10/20/2010	<input type="checkbox"/> Check #	
Secondary Payee John the Baker	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 30 Long Ridge Rd	City Stamford	State CT	Zip Code 06905-3802
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$102.76
Other Candidate(s) Name _____ Office Sought _____			
Name of Worker/Consultant Wyman, Nancy	Date of Payment 10/20/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$36.79
Other Candidate(s) Name _____ Office Sought _____			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Hyde, Charles	10/21/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$20.00	
LeBeau, Matthew	10/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1485 E Main St	City Waterbury	State CT		Zip Code 06705-1025
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other Candidate(s) Name _____ Office Sought _____				
			\$20.01	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	10/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 109 E Main St	City Torrington	State CT		Zip Code 06790-5425
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$33.82	
Clark, Logan	10/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 234 Washington St	City Hartford	State CT		Zip Code 06106-3316
Description gas of 09/13				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wyman, Nancy	10/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Stop & Shop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 295 Hartford Tpke	City Vernon	State CT		Zip Code 06066-4783
Description gas of 9/26		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	
			\$33.18	
Wyman, Nancy	10/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 24-26 Town St	City Norwich	State CT		Zip Code 06360
Description gas of 09/30		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$37.53	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Wyman, Nancy	10/22/2010	<input type="checkbox"/> Check #	
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 195 Prospect Ave	City Hartford	State CT	Zip Code 06106-2950
Description gas of 09/28	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$48.31
Total of Section R			\$13,153.15

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