

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

Office Use Only

Page 1 of 57

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 Primary - Original | | | | | | | | | |
| 10. PERIOD COVERED | | | | | | | | | |
| Beginning Date | | | | | Ending Date | | | | |
| 07/29/2010 | | | | | thru 08/04/2010 | | | | |
| 11. CERTIFICATION | | | | | | | | | |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | | |
| Electronic Filing | | | Len Miller | | | 08/05/2010 | | | |
| SIGNATURE | | | PRINT NAME OF THE SIGNER | | | DATE CERTIFIED | | | |
| PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH. | | | | | | | | | |

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

| NAME OF COMMITTEE | FILING DUE DATE | |
|--|-------------------------|-----------------------|
| 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 | \$212,302.48 | |
| 14. Contributions received from Individuals (Section A and B) | \$0.00 | \$192,746.00 |
| 15. Receipts from Other Committees (Sections C1 + C2) | \$0.00 | \$47,444.41 |
| 16. Other Monetary Receipts (Section D-1) | \$2,473.36 | \$2,502,407.57 |
| 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) | \$2,473.36 | \$2,742,597.98 |
| 19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B) | \$214,775.84 | \$2,742,597.98 |
| 20. Expenses Paid by Committee (Section N) | \$132,153.56 | \$2,659,975.70 |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19) | \$82,622.28 | \$82,622.28 |
| 22. In-Kind Donations not Considered Contributions Received (Section J3) | \$0.00 | \$1,797.67 |
| 23. In-Kind Contributions Received (Section K) | \$0.00 | \$165.82 |
| 24. Refundable Deposit to Telephone Company (Section L) | \$0.00 | \$0.00 |
| 25. Receipts of Organization Expenditures (Section M) | \$0.00 | \$0.00 |
| 26. Beginning Loan Balance | \$0.00 | \$0.00 |
| 26a. + Loans Received (Section D) | \$0.00 | \$0.00 |
| 26b. + Interest and Penalties on Loan(s) | \$0.00 | \$0.00 |
| 26c. - Payments on Loan(s) | \$0.00 | \$0.00 |
| 26d. Total Outstanding Loan Amount | \$0.00 | \$0.00 |
| 27. Campaign Expenses Paid By Candidate (Section O) | \$0.00 | \$754.82 |
| 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*(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

| Last Name | First Name | MI | Method of contribution: | | 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 | Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | | Aggregate Contributions |
| | | Executive | Legislative | Yes | No | |
| 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 |
|-------------------|-------------------|

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dan Malloy For Governor | |

C2. Reimbursements or Payments from other Committees

| | | | | |
|----------------------------|-------|----------|--|-------------------|
| Name of Committee | | | Name of Treasurer | |
| Address | | | Date Received | Amount of Receipt |
| City | State | Zip Code | Reimbursement for shared expense Payment for goods and services | |
| Total of Section C2 | | | | |

| I. MONETARY RECEIPTS (Section A-K) | | | | | | |
|---|------|-------|----------|-----------------|--|-----------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Dan Malloy For Governor | | | | | | |
| D. Loans Received this Period | | | | | | |
| Name of Lender | | | | Source of Loan: | Is there a cosigner or Guarantor of this loan? | Amount Received |
| Street Address | City | State | Zip Code | Bank | Yes | |
| Name of Cosigner/Guarantor | | | | Candidate | No | |
| Name of Cosigner/Guarantor | | | | Individual | | |
| Name of Cosigner/Guarantor | | | | Other | | |
| Name of Cosigner/Guarantor | | | | Committee | | |
| Street Address | City | State | Zip Code | Date Received | | |
| Total of Section D | | | | | | |

I. MONETARY RECEIPTS (Section A-I)

| | |
|-------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| 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 |
| Malloy Insurance Agency, Inc. | | | 08/04/2010 | | |
| Street Address | | City | State | Zip Code | |
| 87 Glenbrook Rd | | Stamford | CT | 06902-2971 | |
| Description | | | | | \$2,473.36 |
| refund resulting from switch to new agency - Insurance and Financial Services Inc. | | | | | |
| Total of Section I | | | | | \$2,473.36 |

II. FUNDRAISING EVENT ACTIVITY

| | |
|--|-----------------|
| NAME OF COMMITTEE Dan Malloy For Governor | FILING DUE DATE |
|--|-----------------|

J1. Fundraising Event Information

| Fundraising Event # Date of Fundraiser | Description Letter | Location: Street Address | City | State | Zip Code |
|--|-----------------------|--------------------------|------|-------|----------|
| 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: Cash Personal Check Credit/Debit Card | | | | Aggregate Amount of Purchases |
| Residential Street Address | City | State | Zip Code | Date Received | Event # | | |
| Items Purchased | | | | | | | |

Total of Section J2

| II. FUNDRAISING EVENT ACTIVITY | | | | | | | |
|---|--|------|--|---------------------------------|-----------------|-------------------------------------|-----------------------------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | | |
| Dan Malloy For Governor | | | | | | | |
| J3. In-Kind Donations Not Considered Contributions | | | | | | | |
| Name of the Donor | | | | Donation Given by: | | Fair Market Value of Donation | |
| | | | | Individual Business Entity | | | |
| Street Address | | City | | State | Zip Code | | Aggregate value for this event |
| Description of Donation | | | | Date Received | | | Event # |
| Total of Section J3 | | | | | | | |

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? Yes No | If yes, indicate which branch or branches of government the contract is with: 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 | | | | |

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

IV. EXPENDITURES

| | |
|-------------------------|-----------------|
| NAME OF COMMITTEE | FILING DUE DATE |
| Dan Malloy For Governor | |

N. Expenses Paid By Committee

| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|--|--------|------------------------|
| People's United Bank | 07/29/2010 | <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? Other Candidate(s) Name Office Sought | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$25.00 | | | | |
| SKD Knickerbocker | 07/29/2010 | <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? Other Candidate(s) Name Office Sought | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$50,000.00 | | | | |
| Shell | 07/29/2010 | <input type="checkbox"/> Check # | | |
| Street Address 857 Main St | City Torrington | State CT | | Zip Code 06790-3346 |
| Purpose of Expenditure TRVL | | <input checked="" type="checkbox"/> Debit Card | | |
| Description gas for campaign car | | 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 \$44.32 | | | | |

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 |
| Shoprite | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input checked="" type="checkbox"/> Debit Card | |
| 31 Main St | East Hartford | CT | 06118-3209 | TRVL | | | |
| Description | | | | | | Event # | |
| gas for campaign car | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$41.04 |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Joseph W. Garland | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input checked="" type="checkbox"/> Debit Card | |
| 32 E Lance Leaf Rd | The Woodlands | TX | 77381-2826 | WAGE | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$1,476.92 |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Robert Blanchard | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | <input checked="" type="checkbox"/> Debit Card | |
| 316 Hedgerow Ln | Doylestown | PA | 18901-5736 | WAGE | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$646.16 |
| <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 |
| Kyle J. Buda | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 420 James St | | Bay City | MI | 48706-3930 | WAGE | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$646.16 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Josh Cantor | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 39 Colony Rd | | West Hartford | CT | 06117-2215 | WAGE | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$276.92 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Shawn R. Flaherty | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 61 Steep Hollow Ln | | Manchester | CT | 06040-4521 | WAGE | | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | | | Other Candidate(s) Name | Office Sought |
| <input type="checkbox"/> Yes | | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | | \$1,615.38 |

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 | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 42 Lancaster Rd | West Hartford | CT | 06119-1521 | 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 | | | | | | | \$646.16 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Shirley A. Surgeon | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 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 | | | | | | | \$738.46 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Hartford Parking Authority | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | | | |
| 155 Morgan St | Hartford | CT | 06103-1309 | TRVL | <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 | | | | | | | \$2.00 |

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 |
| Arielle Reich | | | | | 07/30/2010 | <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 | | \$2,115.38 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Matthew Gianquinto | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | | |
| 215 Oxford St | Hartford | CT | 06105-2249 | WAGE | | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$1,653.84 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Paychex | | | | | 07/30/2010 | <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 | | \$1,773.46 | |
| <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 | | | | | 07/30/2010 | <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 | | | | | | | \$646.16 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Matthew LeBeau | | | | | 07/30/2010 | <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 | | | | | | | \$646.16 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Katharine S. Urbank | | | | | 07/30/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | | |
| 227 Brookdale Rd | Stamford | CT | 06903-4118 | 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 | | | | | | | \$692.31 |

| 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 |
| Michael Mandell | | | | | 07/30/2010 | <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 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Nathan Wilson | | | | | 07/30/2010 | <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 | | | | | | | \$1,181.54 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Daniel P. Kelly, Jr. | | | | | 07/30/2010 | <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 | | | | | | | \$3,138.46 |

IV. EXPENDITURES

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| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|------------------|---|--|---|
| Fuller Motorhome Rentals, Inc. | 07/31/2010 | <input type="checkbox"/> Check # | | |
| Street Address 150 Shrewsbury St | City Boylston | State MA | | Zip Code 01505-1710 |
| Purpose of Expenditure EFV * | | | | <input checked="" type="checkbox"/> Debit Card |
| Description share of RV rental | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought | |
| | | | \$1,973.28 | |
| People's United Bank | 07/31/2010 | <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 bank check 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 | |
| | | | \$7.00 | |
| Political Marketing International, Inc. | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address PO Box 698 | City Marianna | State FL | | Zip Code 32447-0698 |
| Purpose of Expenditure A-PH-BNK | | | | <u>489</u> <input type="checkbox"/> Debit Card |
| Description | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought | |
| | | | \$5,000.00 | |

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

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|---|-------------|-------|------------|------------------------|-------------------------------------|---|---------------|
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| WBON Broadcasting | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 448 | | |
| 231 Hough Ave | Bridgeport | CT | 06608-2818 | A-RAD | <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 | | | | | | | \$2,765.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Claudette Fried | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 472 | | |
| 12 Priorwood Gdn | Cromwell | CT | 06416-2710 | Misc * | <input type="checkbox"/> Debit Card | | |
| Description | | | | | | Event # | |
| makeup services | | | | | | | |
| 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 | | | | | | | \$125.00 |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Arthur Perry | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 447 | | |
| 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 | | | | | | | \$239.26 |

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| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| Comcast | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | |
| PO Box 196 | | Newark | NJ | 07101-0196 | OVHD | <input type="checkbox"/> Debit Card |
| Description | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | |
| <input type="checkbox"/> Yes | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | \$411.06 |
| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| Comcast | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | |
| PO Box 196 | | Newark | NJ | 07101-0196 | OVHD | <input type="checkbox"/> Debit Card |
| Description | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | |
| <input type="checkbox"/> Yes | | | | | | |
| <input checked="" type="checkbox"/> No | | | | | | \$437.65 |
| Name of Payee | | | | Date of Payment | Method of Payment | Amount |
| Aqueelah Clyburn | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | |
| 175 Newhall St | | New Haven | CT | 06511-1949 | CNSLT | <input type="checkbox"/> Debit Card |
| Description | | | | | Event # | |
| canvasser | | | | | | |
| 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 | | | | | | \$90.00 |

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| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|--------------------|---|---------------|-------------------------------------|
| Nicole Bond | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 231 Davenport Ave | City New Haven | State CT | | Zip Code 06519-1244 |
| Purpose of Expenditure CNSLT | | 498 | | <input type="checkbox"/> Debit Card |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$60.00 |
| Groundswell Communications, Inc. | 08/02/2010 | <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-PH-BNK | | 481 | | <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 | \$4,800.00 |
| St. Luke's Development Corporation | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 11 Whalley Ave | City New Haven | State CT | | Zip Code 06511-3218 |
| Purpose of Expenditure OVHD | | 487 | | <input type="checkbox"/> Debit Card |
| Description New Haven - Aug rent | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$380.00 |

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| N. Expenses Paid By Committee | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Insurance and Financial Services, Inc. | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 482 | |
| 832 Bedford St | | Stamford | CT | 06901-1116 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| liability/workers comp insurance | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$4,109.28 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Job Rosario | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 488 | |
| 128 Hamden Ave | | Waterbury | CT | 06704-2761 | 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 | | \$147.25 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Mae Ola Riddick | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 499 | |
| 231 Davenport Ave Fl 2 | | New Haven | CT | 06519-1244 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| cavasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$90.00 | |
| <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 |
| Katie Spellman | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 500 | |
| 231 Davenport Ave Fl 3 | | New Haven | CT | 06519-1244 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| canvasser | | | | | | | |
| 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 |
| Crystal Moore | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 501 | |
| 155 Dixwell Ave | | New Haven | CT | 06511-3413 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| canvasser | | | | | | | |
| 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 | | | | | | | |
| | | | | | | \$55.00 | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Nathan Wilson | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 511 | |
| 399 Route 165 | | Preston | CT | 06365-8722 | RCW | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| gas reimbursement | | | | | | | |
| 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 | | | | | | | |
| | | | | | | \$66.00 | |

IV. EXPENDITURES

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| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|-------------------|---|---------------|-------------------------------------|
| Tawana Galberth | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 63 Sylvan Ave | City New Haven | State CT | | Zip Code 06519-1026 |
| Purpose of Expenditure CNSLT | | 505 | | <input type="checkbox"/> Debit Card |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$245.00 |
| Zuleyka Cruz | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 33 Rock Creek Rd | City New Haven | State CT | | Zip Code 06515-1207 |
| Purpose of Expenditure CNSLT | | 467 | | <input type="checkbox"/> Debit Card |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$30.00 |
| Shatima Clark | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 599 Whalley Ave | City New Haven | State CT | | Zip Code 06511-2910 |
| Purpose of Expenditure CNSLT | | 509 | | <input type="checkbox"/> Debit Card |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$180.00 |

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| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Bryan Burroughs | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 515 | |
| 16 Frances Hunter Dr | | New Haven | CT | 06511-3629 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| canvasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$180.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Lisa Hopkins | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 503 | |
| 16 Frances Hunter Dr | | New Haven | CT | 06511-3629 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| canvasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$430.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Rhianna Mendez | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 507 | |
| 58 Miller Rd | | Bethany | CT | 06524-3224 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | Event # | | |
| canvasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$175.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

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|---|-------------------|--|----------|------------------------|
| Quayshon Sharpe | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 1559 Chapel St | City New Haven | State CT | | Zip Code 06511-4252 |
| Purpose of Expenditure CNSLT | | <input checked="" type="checkbox"/> 514 <input type="checkbox"/> Debit Card | | |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$15.00 | |
| Chaz Washington | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 319 Grand Ave Fl 1 | City New Haven | State CT | | Zip Code 06513-3729 |
| Purpose of Expenditure CNSLT | | <input checked="" type="checkbox"/> 504 <input type="checkbox"/> Debit Card | | |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$140.00 | |
| Dwane Grear | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 237 Davenport Ave | City New Haven | State CT | | Zip Code 06519-1244 |
| Purpose of Expenditure CNSLT | | <input type="checkbox"/> 466 <input type="checkbox"/> Debit Card | | |
| Description canvasser | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name Office Sought | \$80.00 | |

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|---|-------------------|---|---------------|-------------------------------------|
| Iyanna Fairweather | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 57 Plymouth St | City New Haven | State CT | | Zip Code 06519-2509 |
| Purpose of Expenditure CNSLT | | | | 512 |
| Description canvasser | | | | <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 | |
| | | | \$140.00 | |
| Ashli James | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 322 Caroline St | City Derby | State CT | | Zip Code 06418-1408 |
| Purpose of Expenditure CNSLT | | | | 496 |
| Description canvasser | | | | <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 | |
| | | | \$170.00 | |
| Jacqueline James-Evans | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 78 Orchard St | City New Haven | State CT | | Zip Code 06519-1010 |
| Purpose of Expenditure RCW | | | | 493 |
| 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 | |
| | | | \$12.72 | |

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| Name of Payee | Date of Payment | Method of Payment | Amount | |
|---|-------------------|---|-------------------------|-------------------------------------|
| Sonia Aguirre | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 143 Dixwell Ave | City New Haven | State CT | | Zip Code 06511-3413 |
| Purpose of Expenditure CNSLT | | | | 468 |
| Description canvasser | | | | <input type="checkbox"/> Debit Card |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Event # | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$40.00 | |
| Miguel Mendez | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 129 High Top Cir | City Hamden | State CT | | Zip Code 06514-4809 |
| Purpose of Expenditure CNSLT | | | | 513 |
| Description canvasser | | | | <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 | |
| | | | \$255.00 | |
| DeMarl Allen | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 3 Wayfarer St | City New Haven | State CT | | Zip Code 06515-1025 |
| Purpose of Expenditure CNSLT | | | | 502 |
| Description canvasser | | | | <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 | |
| | | | \$120.00 | |

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| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Marquis Brown | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 508 | |
| 169 Butler St | | New Haven | CT | 06511-1138 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| canvasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$220.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Gregory Smith | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 510 | |
| 135 Butler St | | New Haven | CT | 06511-1138 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| canvasser | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$245.00 | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Cablevision of Connecticut | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 476 | |
| PO Box 9256 | | Chelsea | MA | 02150-9256 | OVHD | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | \$103.24 | |
| <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 |
| W.B. Mason Company, Inc. | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 474 | |
| PO Box 111 | | Brockton | MA | 02303-0111 | OFFICE | <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 | | | \$148.35 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Magnani Press | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 475 | |
| 120 New Park Ave | | Hartford | CT | 06106-2185 | PRNT | <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 | | | \$487.60 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Chris McArdle | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | 478 | |
| 41 Bennetts Bridge Rd | | Sandy Hook | CT | 06482-1440 | CNSLT | <input type="checkbox"/> Debit Card | |
| Description | | | | | | Event # | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$1,000.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |

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 | 08/02/2010 | <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 | | | | 483 |
| Description online advertising | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$15,000.00 | |
| GSG Communications, LLC | 08/02/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 895 Broadway Fl 5 | City New York | State NY | | Zip Code 10003-1226 |
| Purpose of Expenditure CNSLT | | | | 484 |
| Description August fees | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name | |
| | | | Office Sought | |
| | | | \$3,333.00 | |
| Michael Caplet | 08/02/2010 | <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 | |
| | | | \$738.46 | |

| 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 |
| 2074 Park Street LLC | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 486 | | |
| 2074 Park St | Hartford | CT | 06106-2051 | OVHD | <input type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| Aug rent - Hartford | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$1,867.00 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Shell | | | | | 08/02/2010 | <input type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 486 | | |
| 1593 New Britain Ave | West Hartford | CT | 06110-2015 | TRVL | <input checked="" type="checkbox"/> Debit Card | | |
| Description | | | | | Event # | | |
| gas for campaign car | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | Other Candidate(s) Name | | Office Sought | | \$46.81 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Daniel P. Kelly, Jr. | | | | | 08/02/2010 | <input checked="" type="checkbox"/> Check # | |
| Street Address | City | State | Zip Code | Purpose of Expenditure | 473 | | |
| 600 Asylum Ave Apt 825 | Hartford | CT | 06105-3807 | 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 | | \$114.07 |
| <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 | |
|---|------------------|----------------------------------|---------------|--|
| Mobil | 08/03/2010 | <input type="checkbox"/> Check # | | |
| Street Address I- 95 Connecticut Tpke W) | City Darien | State CT | | Zip Code 06820 |
| Purpose of Expenditure TRVL | | | | <input checked="" type="checkbox"/> Debit Card |
| Description gas for campaign car | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$12.40 |
| Hartford Parking Authority | 08/03/2010 | <input type="checkbox"/> Check # | | |
| Street Address 155 Morgan St | City Hartford | State CT | | Zip Code 06103-1309 |
| Purpose of Expenditure TRVL | | | | <input checked="" type="checkbox"/> Debit Card |
| Description parking meters, Hartford | | | | Event # |
| Is this expenditure 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 |
| Express Mart | 08/03/2010 | <input type="checkbox"/> Check # | | |
| Street Address 351 Woodland St | City Hartford | State CT | | Zip Code 06112-2150 |
| Purpose of Expenditure TRVL | | | | <input checked="" type="checkbox"/> Debit Card |
| Description gas for campaign car | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | \$46.69 |

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 | |
|---|---------------------|---|-------------------------|------------------------|
| Radio Cumbre | 08/03/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 1862 Commerce Dr | City Bridgeport | State CT | | Zip Code 06605-2230 |
| Purpose of Expenditure A-RAD | | | | 491 |
| 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 | |
| | | | \$1,008.00 | |
| Groundswell Communications, Inc. | 08/03/2010 | <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-PH-BNK | | | | 490 |
| 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 | |
| | | | \$12,480.00 | |
| Polski Express Mass Media LLC | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 274 Broad St | City New Britain | State CT | | Zip Code 06053-4096 |
| Purpose of Expenditure A-NEWS | | | | 517 |
| 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 | |
| | | | \$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 | |
|---|-------------------|---|--|-------------------------------------|
| Susan Katz | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 120 Pinewood Trl | City Trumbull | State CT | | Zip Code 06611-3313 |
| Purpose of Expenditure CNSLT | | | | 522 |
| Description graphic design work | | | | <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 | |
| | | | \$550.00 | |
| Katharine S. Urbank | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 227 Brookdale Rd | City Stamford | State CT | | Zip Code 06903-4118 |
| Purpose of Expenditure RCW | | | | 519 |
| 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 | |
| | | | \$72.45 | |
| La Voz Hispana de Connecticut | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address 51 Elm St Ste 307 | City New Haven | State CT | | Zip Code 06510 |
| Purpose of Expenditure A-NEWS | | | | 522 |
| 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 | |
| | | | \$625.00 | |

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 | |
|---|-----------------|---|----------|--|
| Cablevision of Connecticut | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address PO Box 9256 | City Chelsea | State MA | | Zip Code 02150-9256 |
| Purpose of Expenditure OVHD | | | | <input checked="" type="checkbox"/> 518 <input type="checkbox"/> Debit Card |
| Description Bridgeport phones/internet | | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | | | |
| <input type="checkbox"/> Yes | | Other Candidate(s) Name | | |
| <input checked="" type="checkbox"/> No | | Office Sought | | |
| | | | \$433.57 | |
| Exxon Mobil | 08/04/2010 | <input type="checkbox"/> Check # | | |
| Street Address Milford Turnpike East | City Milford | State CT | | Zip Code 06460 |
| 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 | | Other Candidate(s) Name | | |
| <input checked="" type="checkbox"/> No | | Office Sought | | |
| | | | \$43.50 | |
| AT&T | 08/04/2010 | <input checked="" type="checkbox"/> Check # | | |
| Street Address PO Box 8110 | City Aurora | State IL | | Zip Code 60507-8110 |
| Purpose of Expenditure OVHD | | | | <input checked="" type="checkbox"/> 520 <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 | | |
| <input checked="" type="checkbox"/> No | | Office Sought | | |
| | | | \$911.65 | |

| 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 |
| Classic 3D Car Wash | | | | | 08/04/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 55 Magee Ave | | Stamford | CT | 06902-5905 | TRVL | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$12.99 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Name of Payee | | | | | Date of Payment | Method of Payment | Amount |
| Classic 3D Car Wash | | | | | 08/04/2010 | <input type="checkbox"/> Check # | |
| Street Address | | City | State | Zip Code | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| 55 Magee Ave | | Stamford | CT | 06902-5905 | TRVL | | |
| Description | | | | | | Event # | |
| | | | | | | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? | | Other Candidate(s) Name | | Office Sought | | | \$12.99 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | |
| Total of Section N | | | | | | | \$132,153.56 |

| IV. EXPENDITURES | | | | | | |
|---|-------------|------|--|-----------------|---------------------------|---------------|
| NAME OF COMMITTEE | | | | | FILING DUE DATE | |
| Dan Malloy For Governor | | | | | | |
| O. Campaign Expenses Paid By Candidate | | | | | | |
| Name of Payee | | | | Date of Payment | Is Reimbursement Claimed? | Amount |
| Street Address | | City | | State | Zip Code | |
| Purpose of Expenditure | Description | | | Event # | | |
| | | | | | | |
| Total of Section O | | | | | | |

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

IV. EXPENDITURES

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|---|-------------|-------------------------|------|---------------|---------|--------------------------------------|
| 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 # | |
| Street Address | | | City | | State | Zip Code |
| Purpose of Expenditure | Description | | | | | Amount Incurred (Estimate or Actual) |
| 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 Mallov For Governor | |

R. Itemization of Reimbursements to Committee Workers and Consultants

| | | | |
|---|--------------------------------|---|------------------------|
| Name of Worker/Consultant Rosario, Job | Date of Payment 07/29/2010 | Method of Payment <input type="checkbox"/> Check # | Amount |
| Secondary Payee Dunkin' Donuts | Purpose of Expenditure FOOD | <input checked="" type="checkbox"/> Debit Card | |
| Street Address 535 Watertown Ave | City Waterbury | State CT | Zip Code 06708-2200 |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$29.66 |
| Other Candidate(s) Name | | | Office Sought |

| | | | |
|---|--------------------------------|---|------------------------|
| Name of Worker/Consultant Rosario, Job | Date of Payment 07/29/2010 | Method of Payment <input type="checkbox"/> Check # | Amount |
| Secondary Payee Dunkin' Donuts | Purpose of Expenditure FOOD | <input checked="" type="checkbox"/> Debit Card | |
| Street Address 535 Watertown Ave | City Waterbury | State CT | Zip Code 06708-2200 |
| Description | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$19.58 |
| 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 |
|---|------------------------|--|------------|
| Rosario, Job | 07/29/2010 | <input type="checkbox"/> Check # | |
| Secondary Payee | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| Stop & Shop | FOOD | | |
| Street Address | City | State | Zip Code |
| 763 Straits Tpke | Watertown | CT | 06795-3318 |
| 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 | | | \$42.13 |
| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
| Rosario, Job | 07/29/2010 | <input type="checkbox"/> Check # | |
| Secondary Payee | Purpose of Expenditure | <input checked="" type="checkbox"/> Debit Card | |
| Stop & Shop | FOOD | | |
| Street Address | City | State | Zip Code |
| 240 Chase Ave | Waterbury | CT | 06704-2237 |
| 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 | | | \$55.88 |

IV. EXPENDITURES

| | |
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| 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 | 07/29/2010 | <input type="checkbox"/> Check # | | |
| Secondary Payee Citgo | Purpose of Expenditure TRVL | <input checked="" type="checkbox"/> Debit Card | | |
| Street Address 80 Airport Rd | City Hartford | State CT | | Zip Code 06114-2003 |
| 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 | |
| | | | \$20.04 | |
| Perry, Arthur | 07/29/2010 | <input type="checkbox"/> Check # | | |
| Secondary Payee Getty | Purpose of Expenditure TRVL | <input checked="" type="checkbox"/> Debit Card | | |
| Street Address 1919 Broad St | City Hartford | State CT | | Zip Code 06114-1795 |
| 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 | |
|---|----------------------------------|--|---------------|------------------------|
| Kelly, Daniel | 08/01/2010 | <input type="checkbox"/> Check # | | |
| Secondary Payee Stop & Shop | Purpose of Expenditure FOOD | <input checked="" type="checkbox"/> Debit Card | | |
| Street Address 150 Park Ave | City Hartford | State CT | | Zip Code 06108-4011 |
| 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 | |
| | | | \$114.07 | |
| James-Evans, Jacqueline | 08/02/2010 | <input type="checkbox"/> Check # | | |
| Secondary Payee Staples | Purpose of Expenditure OFFICE | <input checked="" type="checkbox"/> Debit Card | | |
| Street Address 80 Boston Post Rd | City Orange | State CT | | Zip Code 06477-3219 |
| Description | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$12.72 | |

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 | 08/02/2010 | <input type="checkbox"/> Check # | | |
| Secondary Payee Fedex Kinko's | Purpose of Expenditure POST | <input checked="" type="checkbox"/> Debit Card | | |
| Street Address 980 High Ridge Rd | City Stamford | State CT | | Zip Code 06905-1601 |
| Description fedex overnight | | Event # | | |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Other Candidate(s) Name | Office Sought | |
| | | | \$29.99 | |
| Wilson, Nathan | 08/02/2010 | <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 | |
| | | | \$32.72 | |

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 | 08/03/2010 | <input type="checkbox"/> Check # | |
| Secondary Payee Fedex Kinko's | Purpose of Expenditure POST | <input checked="" type="checkbox"/> Debit Card | |
| Street Address 980 High Ridge Rd | City Stamford | State CT | Zip Code 06905-1601 |
| Description fedex overnight | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$19.40 |
| Other Candidate(s) Name | | | Office Sought |
| | | | |
| Name of Worker/Consultant | Date of Payment | Method of Payment | Amount |
| Urbank, Katharine | 08/03/2010 | <input type="checkbox"/> Check # | |
| Secondary Payee Fedex Kinko's | Purpose of Expenditure POST | <input checked="" type="checkbox"/> Debit Card | |
| Street Address 980 High Ridge Rd | City Stamford | State CT | Zip Code 06905-1601 |
| Description fedex overnight | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | \$23.06 |
| 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 | 08/04/2010 | <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 reimbursement | | | Event # |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Other Candidate(s) Name Office Sought |
| | | | \$43.65 |
| Name of Worker/Consultant Wilson, Nathan | Date of Payment 08/04/2010 | Method of Payment <input type="checkbox"/> Check # | Amount |
| 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 |
| | | | \$33.29 |
| Total of Section R | | | \$651.76 |

| 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 | | | | |