

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 217

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
Lamont For Governor					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First Elvira	MI M	Last Albert	Suffix		
4. TREASURER ADDRESS						
Street Address 38 Klondike Ave		City Stamford		State CT	Zip Code 06907	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)			7. DISTRICT CODE (if applicable)	
11/02/2010		Governor				
8. CANDIDATE NAME						
Title	First Edward	MI M	Last Lamont	Suffix		
9. TYPE OF REPORT						
April 10 Filing - Original						
10. PERIOD COVERED						
Beginning Date Ending Date						
02/08/2010 thru 03/31/2010						
11. CERTIFICATION						
<input checked="checked" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.						
Electronic Filing		Elvira Albert		04/12/2010		
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED		
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.						

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
Lamont For Governor	Original 04/12/2010	
	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	\$0.00	
14. Contributions received from Individuals (Section A and B)	\$319,141.00	\$319,141.00
15. Receipts from Other Committees (Sections C1 + C2)	\$530.33	\$530.33
16. Other Monetary Receipts (Section D-I)	\$250,246.06	\$250,246.06
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)	\$569,917.39	\$569,917.39
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$569,917.39	\$569,917.39
20. Expenses Paid by Committee (Section N)	\$267,387.97	\$267,387.97
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$302,529.42	\$302,529.42
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$14,217.22	\$14,217.22
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	\$0.00
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)	\$78,601.86	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$78,601.86	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

A. Total Contributions from Small Contributors-Received this Period ONLY

(See instructions for definition of Small Contributor)

Subtotal Section A**\$0.00****B. Itemized Contributions from Individuals**

Last Name Petterson	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0342	Amount of Contribution
Residential Street Address 22 Terrace Rd	City West Hartford	State CT	Zip Code 06107-3130	Date Received 02/15/2010		
Principal Occupation Professor	Name of Employer CCSU	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Pease	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0343	Amount of Contribution
Residential Street Address 178 Stillwold Dr	City Wethersfield	State CT	Zip Code 06109-3038	Date Received 02/15/2010		
Principal Occupation Dean of Arts and Sciences	Name of Employer Central CT State Univ	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
\$20.00						
Last Name Elwood	First Name Will	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0336	Amount of Contribution
Residential Street Address 201 Fallview Ter Apt A	City Ithaca	State NY	Zip Code 14850-2023	Date Received 02/16/2010		
Principal Occupation Student	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Feigenbaum	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0338	Amount of Contribution
Residential Street Address 148 W 23rd St Apt 5FG	City New York	State NY	Zip Code 10011-2435	Date Received 02/16/2010		
Principal Occupation Professor	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
\$10.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Cook		First Name Stuart		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0555		Amount of Contribution	
Residential Street Address 225 Little Brook Dr			City Newington		State CT	Zip Code 06111-5306		Date Received 02/16/2010				
Principal Occupation Sales & Service Associate			Name of Employer U. S. Postal Service			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$15.00			\$15.00	

Last Name Perreault		First Name Noreen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0571	Amount of Contribution
Residential Street Address 320 School Master			City Windsor		State CT	Zip Code 06095-2040	Date Received 02/16/2010	
Principal Occupation IT Developer			Name of Employer The Hartford			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name Nich		First Name Charla		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0588	Amount of Contribution
Residential Street Address 14 Cedarcroft Dr		City Madison		State CT	Zip Code 06443-1832		Date Received 02/16/2010	
Principal Occupation Statistician		Name of Employer Yale			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Blaustein		First Name Dorothy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0339	Amount of Contribution \$25.00
Residential Street Address 261 Random Rd		City Fairfield		State CT	Zip Code 06825-1407	Date Received 02/16/2010		
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Ramos	First Name Maryann	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0199	Amount of Contribution \$25.00	
Residential Street Address 35 Homestead Rd	City Greenwich	State CT	Zip Code 06831-4222	Date Received 02/16/2010			
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Andersen	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0195	Amount of Contribution \$25.00	
Residential Street Address 329 Hartford Tpke	City Hampton	State CT	Zip Code 06247-3608	Date Received 02/16/2010			
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Baisley	First Name Joan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0561	Amount of Contribution \$25.00	
Residential Street Address 3 Cynthia Cir	City Enfield	State CT	Zip Code 06082-3022	Date Received 02/16/2010			
Principal Occupation Receptionist	Name of Employer ATI		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Bakker	First Name Peter	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0154	Amount of Contribution \$25.00	
Residential Street Address PO Box 173	City Pleasant Valley	State CT	Zip Code 06063-0173	Date Received 02/16/2010			
Principal Occupation Insurance	Name of Employer Peter M. Bakker Agency, Inc.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name bannon	First Name mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0152	Amount of Contribution \$250.00	
Residential Street Address 1 Alyssa Dr		City Cheshire		State CT	Zip Code 06410-7105		Date Received 02/16/2010
Principal Occupation Retired		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00			
Last Name Benton	First Name Shaun	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0001	Amount of Contribution \$10.00	
Residential Street Address 12 In Town Ter		City Middletown		State CT	Zip Code 06457-3139		Date Received 02/16/2010
Principal Occupation Guide		Name of Employer Eastern Mountain Sports		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00			
Last Name Bonetti	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0333	Amount of Contribution \$50.00	
Residential Street Address 152 Branford St		City Manchester		State CT	Zip Code 06040-4353		Date Received 02/16/2010
Principal Occupation Homemaker		Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00			
Last Name Brown	First Name Alice	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0371	Amount of Contribution \$50.00	
Residential Street Address 10 Reservoir Cir		City Canton		State MA	Zip Code 02021-2626		Date Received 02/16/2010
Principal Occupation Sr. Quality Engineer		Name of Employer Haemonetics, Inc.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Morgan	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0285	Amount of Contribution \$50.00	
Residential Street Address 138 Manor Hill Rd	City Stratford	State CT	Zip Code 06614-1657	Date Received 02/16/2010			
Principal Occupation President	Name of Employer Peerfocus	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00
Last Name Natt	First Name Bob	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0074	Amount of Contribution \$1,000.00	
Residential Street Address 51 Tuckahoe Rd	City Easton	State CT	Zip Code 06612-2053	Date Received 02/16/2010			
Principal Occupation Executive	Name of Employer PayFlex	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00
Last Name Nordell	First Name H. Roderick	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0087	Amount of Contribution \$100.00	
Residential Street Address 25 Meadow Way	City Cambridge	State MA	Zip Code 02138-4635	Date Received 02/16/2010			
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Postigo	First Name Julio	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0191	Amount of Contribution \$25.00	
Residential Street Address 9811 SW 155th Ave	City Miami	State FL	Zip Code 33196-3825	Date Received 02/16/2010			
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pepin	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0374	Amount of Contribution \$100.00
Residential Street Address 42 Laurel Dr	City Willington	State CT	Zip Code 06279-2247	Date Received 02/16/2010		
Principal Occupation Venture Investing	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name Romano	First Name Antonio	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0205	Amount of Contribution \$25.00
Residential Street Address 31 Bennett Dr	City Hampton	State CT	Zip Code 06247-1635	Date Received 02/16/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name Beasley	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0225	Amount of Contribution \$50.00
Residential Street Address 519 Harvest Cmns	City Westport	State CT	Zip Code 06880-3950	Date Received 02/16/2010		
Principal Occupation N/A	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Last Name Young	First Name Caroline	MI C	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0018	Amount of Contribution \$25.00
Residential Street Address 7 Dana St	City Brookline	State MA	Zip Code 02445-6803	Date Received 02/16/2010		
Principal Occupation Writer	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Young		First Name Mollie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0217	Amount of Contribution
Residential Street Address 7 Dana St			City Brookline		State MA	Zip Code 02445-6803		Date Received 02/16/2010		
Principal Occupation Student			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00		\$25.00

Last Name Freeburg		First Name Michael		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0020	Amount of Contribution
Residential Street Address 6 Indian Knoll Pl		City Greenwich			State CT	Zip Code 06831-3267	Date Received 02/16/2010	
Principal Occupation Financial Advisor		Name of Employer Greenwich Wealth Management LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

Last Name Winthrop		First Name Jay		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0039	Amount of Contribution
Residential Street Address 7 Eggleston Ln		City Old Greenwich		State CT	Zip Code 06870-2003		Date Received 02/16/2010	
Principal Occupation Principal		Name of Employer Douglass Winthrop Advisors, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name Litmer		First Name Epathea		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0208	Amount of Contribution
Residential Street Address 8 Deep Brook Hbr			City Suffield		State CT	Zip Code 06078-1454	Date Received 02/16/2010	
Principal Occupation Homemaker			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Norman	First Name Jeffrey	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0209	Amount of Contribution \$50.00
Residential Street Address 1514 Caudor St	City Encinitas	State CA	Zip Code 92024-1216	Date Received 02/16/2010		
Principal Occupation Trader	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Amos	First Name Walter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0210	Amount of Contribution \$25.00
Residential Street Address 200 Lewis St Apt 103	City Rahway	State NJ	Zip Code 07065-5086	Date Received 02/16/2010		
Principal Occupation Software Engineer	Name of Employer ITT		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Leidy	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0211	Amount of Contribution \$100.00
Residential Street Address 238 Weaver St	City Greenwich	State CT	Zip Code 06831-4256	Date Received 02/16/2010		
Principal Occupation Energy Analyst	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sobel	First Name Marc	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0212	Amount of Contribution \$25.00
Residential Street Address 1449 Johnson Ct	City Boulder	State CO	Zip Code 80303-1223	Date Received 02/16/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Ackerley	First Name Marla	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0222	Amount of Contribution
Residential Street Address 1058 Washington St Fl 1	City Middletown	State CT	Zip Code 06457-2913	Date Received 02/16/2010		
Principal Occupation Licensed Clinical Social Worker	Name of Employer Connecticut Valley Hospital		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Buzby	First Name Penelope	MI H	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0223	Amount of Contribution
Residential Street Address 1275 W Southwinds Blvd	City Vero Beach	State FL	Zip Code 32963-4348	Date Received 02/16/2010		
Principal Occupation Not Employed	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Johnson	First Name Kylan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0224	Amount of Contribution
Residential Street Address 400 Blake St Apt 4111	City New Haven	State CT	Zip Code 06515-4418	Date Received 02/16/2010		
Principal Occupation Law Student	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Coulson	First Name Bob and Cinnie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0227	Amount of Contribution
Residential Street Address 9 Reginald St	City Riverside	State CT	Zip Code 06878-2522	Date Received 02/16/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Morrison	First Name Mary Lee	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0097	Amount of Contribution \$50.00
Residential Street Address 6 Columbia St	City Hartford	State CT	Zip Code 06106-1312	Date Received 02/17/2010		
Principal Occupation Self-Employed	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Upholt	First Name William	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0477	Amount of Contribution \$50.00
Residential Street Address 6 Columbia St	City Hartford	State CT	Zip Code 06106-1312	Date Received 02/17/2010		
Principal Occupation Scientist	Name of Employer University of Connecticut Health Center	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Swarr	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0098	Amount of Contribution \$50.00
Residential Street Address 38 Wellington St	City New Britain	State CT	Zip Code	Date Received 02/17/2010		
Principal Occupation Software Developer	Name of Employer ESPN	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Pudlin	First Name David	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0107	Amount of Contribution \$100.00
Residential Street Address 407 Monroe St	City New Britain	State CT	Zip Code 06052-1647	Date Received 02/17/2010		
Principal Occupation Self-Employed	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Fallahi	First Name Hamid	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0457	Amount of Contribution \$25.00
Residential Street Address 1575 Tuttle Ave	City Cheshire	State CT	Zip Code 06410-3769	Date Received 02/17/2010		
Principal Occupation Satistician	Name of Employer United Technology		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Turrentine	First Name Toddy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0162	Amount of Contribution \$100.00
Residential Street Address 79 Greenley Rd	City New Canaan	State CT	Zip Code 06840-3514	Date Received 02/17/2010		
Principal Occupation Consultant	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02212010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wieliczka	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0385	Amount of Contribution \$50.00
Residential Street Address 417 Denslow St	City Windsor Locks	State CT	Zip Code 06096-1615	Date Received 02/17/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Sax	First Name Lawrence	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0175	Amount of Contribution \$100.00
Residential Street Address 1007 Melville Ave , P.O. Box 1402	City Fairfield	State CT	Zip Code 06825	Date Received 02/17/2010		
Principal Occupation CPA	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Panek		First Name Casey		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0188	Amount of Contribution
Residential Street Address 22119 86th Pl		City Salem		State WI	Zip Code 53168-8908		Date Received 02/17/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Murphy		First Name Francis		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0007	Amount of Contribution
Residential Street Address 5 Bates Farm Ln			City Darien		State CT	Zip Code 06820-3500	Date Received 02/17/2010	
Principal Occupation Retired			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Elston		First Name Mary		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0163		Amount of Contribution	
Residential Street Address 13910 Portnell Rd			City Bozeman			State MT		Zip Code 59718-8348		Date Received 02/17/2010	
Principal Occupation computer programmer			Name of Employer Bcc Associates, Inc			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	
\$25.00											

Last Name Valebegavicil		First Name John		MI P	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0311	Amount of Contribution \$20.00
Residential Street Address 15 Parkmore St		City New Britain		State CT	Zip Code 06051-3357		Date Received 02/17/2010	
Principal Occupation retired		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hoyster	First Name Catherine	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0551	Amount of Contribution \$20.00
Residential Street Address 16 Tremont St	City Hartford	State CT	Zip Code 06105-3069	Date Received 02/17/2010		
Principal Occupation Professor	Name of Employer Saint Joseph College		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Lewis	First Name Frances	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0552	Amount of Contribution \$50.00
Residential Street Address 200 E 33rd St Apt 18D	City New York	State NY	Zip Code 10016-4829	Date Received 02/17/2010		
Principal Occupation Assistant Buyer	Name of Employer Burberry		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Szabo	First Name Todd	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0542	Amount of Contribution \$20.00
Residential Street Address 305 McClintock St	City New Britain	State CT	Zip Code 06053-2016	Date Received 02/17/2010		
Principal Occupation Government	Name of Employer CT General Assembly		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Morgan Jr	First Name A Perry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0467	Amount of Contribution \$100.00
Residential Street Address 8 Constitution HI E	City Princeton	State NJ	Zip Code 08540-6739	Date Received 02/17/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Antar	First Name Ali	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0468	Amount of Contribution \$100.00
Residential Street Address 265 Rambler St	City Bristol	State CT	Zip Code 06010-3349	Date Received 02/17/2010		
Principal Occupation Professor	Name of Employer CCSU		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Boyle	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0480	Amount of Contribution \$25.00
Residential Street Address 2346 Roosevelt Cir	City Santa Clara	State CA	Zip Code 95051-1310	Date Received 02/17/2010		
Principal Occupation Engineer	Name of Employer Lockheed Martin		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Hahn	First Name Beverly	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0484	Amount of Contribution \$50.00
Residential Street Address 1621 Winchester Dr	City Blue Bell	State PA	Zip Code 19422-3527	Date Received 02/17/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Gerratana	First Name Frank	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0448	Amount of Contribution \$100.00
Residential Street Address 674 Lincoln St	City New Britain	State CT	Zip Code 06052-1833	Date Received 02/17/2010		
Principal Occupation Physician	Name of Employer Grove Hill Medical Center		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Milvid		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0415		Amount of Contribution	
Residential Street Address 23C Happy Hollow Cir			City Stratford		State CT	Zip Code 06614-8440		Date Received 02/17/2010				
Principal Occupation Teacher			Name of Employer A+ Tutoring Co,			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00	

Last Name Pope		First Name Cynthia		MI K		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0396		Amount of Contribution	
Residential Street Address 21 Brickyard Rd Apt D			City Farmington			State CT		Zip Code 06032-1214		Date Received 02/17/2010	
Principal Occupation Professor			Name of Employer CCSU			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00		
									\$25.00		

Last Name Mitchell		First Name Alice		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0397	Amount of Contribution
Residential Street Address 75 West Ave			City Essex		State CT	Zip Code 06426-1137	Date Received 02/17/2010	
Principal Occupation retired			Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03082010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
								\$50.00

Last Name Ingersoll		First Name Jonathan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0378	Amount of Contribution
Residential Street Address 28 Wildflower Ln			City Middletown		State CT	Zip Code 06457-1792	Date Received 02/17/2010	
Principal Occupation Programmer			Name of Employer Yale School of Management			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Fearon	First Name David	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0353	Amount of Contribution \$30.00
Residential Street Address 355 S East Rd	City New Hartford	State CT	Zip Code 06057	Date Received 02/17/2010		
Principal Occupation Professor	Name of Employer Central Connecticut State University		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$30.00		
Last Name Werblow	First Name Jacob	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0354	Amount of Contribution \$20.00
Residential Street Address 280 Stanwood Dr	City New Britain	State CT	Zip Code 06053-3452	Date Received 02/17/2010		
Principal Occupation Assistant Professor	Name of Employer Central Connecticut State University		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Metaxas	First Name Virginia	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0319	Amount of Contribution \$20.00
Residential Street Address 30 Wheaton Rd	City East Haven	State CT	Zip Code 06512-4819	Date Received 02/17/2010		
Principal Occupation History Professor	Name of Employer SCSU		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Moran	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0233	Amount of Contribution \$50.00
Residential Street Address 71 Browns Rd	City Mansfield	State CT	Zip Code 06268-2808	Date Received 02/17/2010		
Principal Occupation Building Contractor	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03052010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Brown-Foster	First Name Walton	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0234	Amount of Contribution \$20.00
Residential Street Address 6 Croydon Dr	City Bloomfield	State CT	Zip Code 06002-3446	Date Received 02/17/2010		
Principal Occupation University Professor	Name of Employer Central Ct State University		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 02172010a <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Knopf	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0235	Amount of Contribution \$100.00
Residential Street Address 51 Fernwood Rd	City West Hartford	State CT	Zip Code 06119-1144	Date Received 02/17/2010		
Principal Occupation Attorney	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Kling	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0236	Amount of Contribution \$100.00
Residential Street Address 13910 US Highway 14	City Woodstock	State IL	Zip Code 60098-7200	Date Received 02/17/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Walker	First Name Bettina	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0237	Amount of Contribution \$25.00
Residential Street Address 2509 N Campbell Ave # 164	City Tucson	State AZ	Zip Code 85719-3304	Date Received 02/17/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Cowperthwaite		First Name Tanya		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0239		Amount of Contribution \$10.00
Residential Street Address 8622 Chapel Dr			City Annandale		State VA	Zip Code 22003-3618		Date Received 02/17/2010			
Principal Occupation Not Employed			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00			

Last Name Godfrey		First Name Phoebe		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0240	Amount of Contribution
Residential Street Address 201 Summit St		City Willimantic		State CT	Zip Code 06226-2410		Date Received 02/17/2010	
Principal Occupation Professor		Name of Employer University of CT			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Neville		First Name Charles		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0241	Amount of Contribution
Residential Street Address 55 Maplewood Ave		City West Hartford		State CT	Zip Code 06119-1630		Date Received 02/17/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	\$20.00

Last Name Worsley		First Name Jim and Nellie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0242	Amount of Contribution
Residential Street Address 11 Quincy St		City Chevy Chase		State MD	Zip Code 20815-4226		Date Received 02/17/2010	
Principal Occupation Attorney		Name of Employer Ober, Kaler, Grimes & Shriver			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hoffman		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0420	Amount of Contribution
Residential Street Address 447 Main St		City Wethersfield		State CT	Zip Code 06109-1818		Date Received 02/18/2010	
Principal Occupation Security Screener		Name of Employer Transportation Security Administration			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name McCool		First Name Richard		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0557	Amount of Contribution
Residential Street Address 897 Woodhill Dr		City Columbus		State OH	Zip Code 43212-3763		Date Received 02/18/2010	
Principal Occupation Health-Care Giver		Name of Employer Ohio State University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00

Last Name Lamont		First Name Lindsay		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0011	Amount of Contribution
Residential Street Address 4 Ashton Dr		City Greenwich		State CT	Zip Code 06831-3762		Date Received 02/18/2010	
Principal Occupation Student		Name of Employer Stanford University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name singh		First Name reepu		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0159	Amount of Contribution
Residential Street Address 34 Tripp Hollow Rd			City Brooklyn		State CT	Zip Code 06234-1624	Date Received 02/19/2010	
Principal Occupation Civil Engineer/Planner			Name of Employer Garg Consulting Services			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Murren	First Name Michael	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0053	Amount of Contribution \$1.00
Residential Street Address 2 Endeavor St	City Trumbull	State CT	Zip Code 06611-3025	Date Received 02/20/2010		
Principal Occupation Insurance	Name of Employer Murren Insurance Agency		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1.00		
Last Name Robinson	First Name John	MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0059	Amount of Contribution \$500.00
Residential Street Address 66 Rockwood Ln	City Greenwich	State CT	Zip Code 06830-3845	Date Received 02/20/2010		
Principal Occupation Investor	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Guff	First Name Jessica	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0060	Amount of Contribution \$100.00
Residential Street Address 162 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-3746	Date Received 02/21/2010		
Principal Occupation consultant	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Duffy	First Name Nancy	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0061	Amount of Contribution \$75.00
Residential Street Address 45 Wilshire Rd	City Greenwich	State CT	Zip Code 06831-2723	Date Received 02/21/2010		
Principal Occupation community volunteer	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Grad	First Name Laura	MI G	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0022	Amount of Contribution \$100.00	
Residential Street Address 812 Lake Ave	City Greenwich	State CT	Zip Code 06830	Date Received 02/21/2010			
Principal Occupation Real Estate	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Saddlemire	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0255	Amount of Contribution \$150.00	
Residential Street Address 235 Woodhaven Rd	City Glastonbury	State CT	Zip Code 06033-1919	Date Received 02/21/2010			
Principal Occupation Education Consultant	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00
Last Name Saddlemire	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0258	Amount of Contribution \$150.00	
Residential Street Address 235 Woodhaven Rd	City Glastonbury	State CT	Zip Code 06033-1919	Date Received 02/21/2010			
Principal Occupation Superintendent of Schools	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00
Last Name Farricker	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0286	Amount of Contribution \$100.00	
Residential Street Address 14 Mead Ave	City Cos Cob	State CT	Zip Code 06807-2706	Date Received 02/21/2010			
Principal Occupation Real Estate	Name of Employer EBT Realty		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Zacharias	First Name Thomas	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0512	Amount of Contribution
Residential Street Address 1215 5th Ave	City New York	State NY	Zip Code 10029-5209	Date Received 02/21/2010		
Principal Occupation Investments	Name of Employer W. P. Carey & Co LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Hyatt	First Name Cliff	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0412	Amount of Contribution
Residential Street Address 306 Conestoga St	City Windsor	State CT	Zip Code 06095-2205	Date Received 02/21/2010		
Principal Occupation Information Technology	Name of Employer CIGNA		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Wagner	First Name Michele	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0424	Amount of Contribution
Residential Street Address 26 Dalewood Ave	City Fairfield	State CT	Zip Code 06824-6133	Date Received 02/22/2010		
Principal Occupation Legal Assistant	Name of Employer Silver Golub & Teitell		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Kramer	First Name Orin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0449	Amount of Contribution
Residential Street Address 600 Madison Ave	City New York	State NY	Zip Code 10022-1615	Date Received 02/22/2010		
Principal Occupation General Partner	Name of Employer Boston Provident		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Seaver	First Name Alexander	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0309	Amount of Contribution \$375.00
Residential Street Address 510 West Rd	City New Canaan	State CT	Zip Code 06840-2511	Date Received 02/22/2010		
Principal Occupation Investor	Name of Employer Stadium Capital Management		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$375.00		
Last Name Benton	First Name Diana	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0263	Amount of Contribution \$100.00
Residential Street Address 207 E 74th St Apt 1H	City New York	State NY	Zip Code 10021-3341	Date Received 02/22/2010		
Principal Occupation Philanthropy	Name of Employer Atlantic Philanthropies		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Wedmore	First Name Barbara	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0264	Amount of Contribution \$25.00
Residential Street Address 14 Woodland Dr	City Canton	State CT	Zip Code 06019-2004	Date Received 02/22/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name DeMarse	First Name Elisabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0265	Amount of Contribution \$500.00
Residential Street Address 530 W End Ave Apt 5B	City New York	State NY	Zip Code 10024-3226	Date Received 02/22/2010		
Principal Occupation CEO	Name of Employer CreditCards.com		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Zeigler		First Name Elizabeth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0383	Amount of Contribution	
Residential Street Address 35 Pine St # 2		City Torrington		State CT	Zip Code 06790-3231		Date Received 02/22/2010		
Principal Occupation Homemaker		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00		\$25.00

Last Name Fleur		First Name Delys		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0340	Amount of Contribution
Residential Street Address 12 Avenue Foche			City New Jersey		State NJ	Zip Code 42117		Date Received 02/22/2010
Principal Occupation Farmer			Name of Employer Nurses			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	

Last Name Fleur		First Name Delys		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0341	Amount of Contribution
Residential Street Address 12 Avenue Foche			City New Jersey		State NJ	Zip Code 42117		Date Received 02/22/2010
Principal Occupation Farmer			Name of Employer Nurses			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	

Last Name Kotler		First Name Mindy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0359	Amount of Contribution \$25.00
Residential Street Address 1606 32nd St NW		City Washington		State DC	Zip Code 20007-2930		Date Received 02/22/2010	
Principal Occupation Asia Analyst		Name of Employer Asia Policy Point			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Lamont	First Name Juliet	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0073	Amount of Contribution \$100.00
Residential Street Address 2249 Glen Ave	City Berkeley	State CA	Zip Code 94709-1420	Date Received 02/22/2010		
Principal Occupation Environmental Consultant	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Laska	First Name Tony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0180	Amount of Contribution \$25.00
Residential Street Address PO Box 791245	City New Orleans	State LA	Zip Code 70179-1245	Date Received 02/22/2010		
Principal Occupation Energy Efficiency Program Manager	Name of Employer Conservation Services Group		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Leffingwell	First Name Elinor	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0184	Amount of Contribution \$25.00
Residential Street Address 90 River St	City Guilford	State CT	Zip Code 06437-2653	Date Received 02/22/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name McCreven	First Name Sheila	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0334	Amount of Contribution \$10.00
Residential Street Address 63 Center Rd	City Woodbridge	State CT	Zip Code 06525-1632	Date Received 02/22/2010		
Principal Occupation Communications Director	Name of Employer Yale University		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hallowell	First Name Elinor	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0076	Amount of Contribution
Residential Street Address 115 E Calle Resplendor	City Tucson	State AZ	Zip Code 85716-4939	Date Received 02/22/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Hull	First Name Joe	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0486	Amount of Contribution
Residential Street Address 339 Eastern St Apt B1505	City New Haven	State CT	Zip Code 06513-2487	Date Received 02/22/2010		
Principal Occupation retired	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Jaff	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0002	Amount of Contribution
Residential Street Address 18 Timberline Dr	City Farmington	State CT	Zip Code 06032-1744	Date Received 02/22/2010		
Principal Occupation Attorney	Name of Employer Advocacy for Patients w/ Chronic Illness Inc	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
\$50.00						
Last Name Horowitz	First Name Janet	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0408	Amount of Contribution
Residential Street Address 7 S King St	City Danbury	State CT	Zip Code 06811-4342	Date Received 02/22/2010		
Principal Occupation Music Producer	Name of Employer David Horowitz Music Associates	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Noble	First Name Cesar	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0203	Amount of Contribution \$250.00
Residential Street Address 26 Ridgewood Rd	City West Hartford	State CT	Zip Code 06107-2719	Date Received 02/22/2010		
Principal Occupation ATtorney	Name of Employer Noble, Spector & OConnor		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Nixon	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0089	Amount of Contribution \$100.00
Residential Street Address 6 North St	City Old Greenwich	State CT	Zip Code 06870-2131	Date Received 02/23/2010		
Principal Occupation Writer	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Hall	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0398	Amount of Contribution \$25.00
Residential Street Address 40 Old Tolland Tpke	City Coventry	State CT	Zip Code 06238-1856	Date Received 02/23/2010		
Principal Occupation Program Supervisor	Name of Employer Community Health Resources		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Freeman	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0284	Amount of Contribution \$10.00
Residential Street Address 1940 E Stop 12 Rd	City Indianapolis	State IN	Zip Code 46227-6044	Date Received 02/23/2010		
Principal Occupation Not Employed	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bozso	First Name Ferenc	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0453	Amount of Contribution \$25.00
Residential Street Address 200 Tackora Trl	City Ridgefield	State CT	Zip Code 06877-2431	Date Received 02/23/2010		
Principal Occupation Scientist	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Wheway	First Name Matthew	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0401	Amount of Contribution \$25.00
Residential Street Address 130 Long Hill Ave	City Shelton	State CT	Zip Code 06484-3217	Date Received 02/23/2010		
Principal Occupation Student	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Senk	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0275	Amount of Contribution \$10.00
Residential Street Address 16 Highwood Xing	City Burlington	State CT	Zip Code 06013-1926	Date Received 02/23/2010		
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Ranis	First Name Gustav	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0276	Amount of Contribution \$50.00
Residential Street Address 7 Mulberry Rd	City Woodbridge	State CT	Zip Code 06525-1716	Date Received 02/23/2010		
Principal Occupation Professor Emeritus	Name of Employer Yale	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Dapile	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0277	Amount of Contribution \$10.00	
Residential Street Address 126 Frederick St	City Bristol	State CT	Zip Code 06010-6642	Date Received 02/23/2010			
Principal Occupation R&D	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00
Last Name Harrington	First Name Leo	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0279	Amount of Contribution \$25.00	
Residential Street Address 25 Wyndwood Rd	City West Hartford	State CT	Zip Code 06107-1144	Date Received 02/23/2010			
Principal Occupation Home Improvement Contractor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Sampson	First Name Jerry	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0280	Amount of Contribution \$50.00	
Residential Street Address 113 Rope Ln	City Levittown	State NY	Zip Code 11756-4929	Date Received 02/23/2010			
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00
Last Name Whitehouse	First Name Nathan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0589	Amount of Contribution \$10.00	
Residential Street Address 175 Porter Rd	City Hebron	State CT	Zip Code 06248-1224	Date Received 02/23/2010			
Principal Occupation Student	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bonapace	First Name Peggy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0511	Amount of Contribution
Residential Street Address 110 E 59th St Ste 2100	City New York	State NY	Zip Code 10022-1304	Date Received 02/24/2010		
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03082010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Gelfond	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0553	Amount of Contribution
Residential Street Address 110 E 59th St Ste 2100	City New York	State NY	Zip Code 10022-1304	Date Received 02/24/2010		
Principal Occupation CEO	Name of Employer IMAX Corporation	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03082010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Bennett	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0281	Amount of Contribution
Residential Street Address 527 Orange St	City New Haven	State CT	Zip Code 06511-3818	Date Received 02/24/2010		
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name DeMarse	First Name Elisabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0266	Amount of Contribution
Residential Street Address 530 W End Ave Apt 5B	City New York	State NY	Zip Code 10024-3226	Date Received 02/24/2010		
Principal Occupation CEO	Name of Employer CreditCards.com	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03082010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Chambers		First Name Kimberly		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0348	Amount of Contribution
Residential Street Address 113 Hillyndale Rd		City Mansfield		State CT	Zip Code 06268-1819		Date Received 02/24/2010	
Principal Occupation Secretary /bookkeeper		Name of Employer First Congregational Church of Coventry			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Jacobs-Rubin		First Name Myrna		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0317	Amount of Contribution
Residential Street Address 16 Ohehyahtah Pl		City Danbury		State CT	Zip Code 06810-7668		Date Received 02/24/2010	
Principal Occupation Not Employed		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Marion		First Name Gilbert		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0046	Amount of Contribution
Residential Street Address 20 Harstrom Pl			City Norwalk		State CT	Zip Code 06853-1414		Date Received 02/24/2010
Principal Occupation not employed			Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

Last Name Kaspar		First Name Francis		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0037	Amount of Contribution
Residential Street Address 101 Beacon Hill Rd		City East Hartford		State CT	Zip Code 06108-4300		Date Received 02/24/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Srams		First Name Charles		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0038	Amount of Contribution
Residential Street Address 711 Farmington Ave Apt A8		City West Hartford		State CT	Zip Code 06119-1736		Date Received 02/24/2010	
Principal Occupation Senior Operations Analyst		Name of Employer Conning Asset Management			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00

Last Name Bernstein		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0513	Amount of Contribution
Residential Street Address 5353 Sycamore Ave			City Bronx		State NY	Zip Code 10471	Date Received 02/25/2010	
Principal Occupation President			Name of Employer Chelsea Piers Management			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Heller		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0508	Amount of Contribution
Residential Street Address 80 Central Park W Apt 5F		City New York		State NY	Zip Code 10023-5247		Date Received 02/25/2010	
Principal Occupation President		Name of Employer Argus Information & Advisory Services			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Weinberg		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0490	Amount of Contribution \$50.00
Residential Street Address 157 Millstone Rd		City Glastonbury		State CT	Zip Code 06033-2563		Date Received 02/26/2010	
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Meyer		First Name Edward		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0499	Amount of Contribution
Residential Street Address 580 Park Ave			City New York		State NY	Zip Code 10065-7313	Date Received 02/26/2010	
Principal Occupation Chariman & CEO			Name of Employer Ocean Road Advisors			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Bragg		First Name Steven		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0460	Amount of Contribution
Residential Street Address 396 Mansfield Ave			City Darien		State CT	Zip Code 06820-2112	Date Received 02/26/2010	
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

Last Name White		First Name Mary		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0411	Amount of Contribution
Residential Street Address 66 E 79th St Apt 14			City New York		State NY	Zip Code 10075-0274	Date Received 02/26/2010	
Principal Occupation Physician			Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Walker		First Name Joann		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0470	Amount of Contribution
Residential Street Address 730 Park Ave		City New York		State NY	Zip Code 10021-4945		Date Received 02/27/2010	
Principal Occupation Not Employed		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Beveridge	First Name Miriam	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0493	Amount of Contribution \$100.00
Residential Street Address 26 Circle Rd	City Scarsdale	State NY	Zip Code 10583-5322	Date Received 02/27/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Winthrop	First Name Jay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0040	Amount of Contribution \$1,000.00
Residential Street Address 7 Eggleston Ln	City Old Greenwich	State CT	Zip Code 06870-2003	Date Received 02/27/2010		
Principal Occupation Principal	Name of Employer Douglass Winthrop Advisors, LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,100.00		
Last Name Nicholas	First Name Socrates	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0044	Amount of Contribution \$3,000.00
Residential Street Address 241 Waverly Pl	City New York	State NY	Zip Code 10014-2239	Date Received 02/28/2010		
Principal Occupation CEO	Name of Employer Nicholas Research Associates International INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03082010a				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,000.00		
Last Name Townsend	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0335	Amount of Contribution \$3,500.00
Residential Street Address 63 Alfred Drown Rd	City Barrington	State RI	Zip Code 02806-1854	Date Received 02/28/2010		
Principal Occupation Executive	Name of Employer HW Management	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Iselin	First Name Josephine	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0289	Amount of Contribution \$500.00	
Residential Street Address 49 E 96th St Apt 5D		City New York		State NY	Zip Code 10128-0782		Date Received 03/01/2010
Principal Occupation retired		Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03082010a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00			
Last Name Rowen	First Name Andrew	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0290	Amount of Contribution \$3,500.00	
Residential Street Address 145 Central Park W Apt 13A		City New York		State NY	Zip Code 10023-2004		Date Received 03/01/2010
Principal Occupation Lawyer		Name of Employer Sullivan & Cromwell, LLC		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03082010a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00			
Last Name McCall	First Name Marianna	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0101	Amount of Contribution \$100.00	
Residential Street Address 22 Darbrook Rd		City Westport		State CT	Zip Code 06880-3611		Date Received 03/01/2010
Principal Occupation Volunteer		Name of Employer Save the Children		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03072010a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00			
Last Name Petrilli	First Name Frank	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0041	Amount of Contribution \$1,000.00	
Residential Street Address 22 Connor Ct		City Irvington		State NY	Zip Code 10533-2415		Date Received 03/01/2010
Principal Occupation CEO		Name of Employer Surge Trading Inc.		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 03082010a <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Crihfield	First Name Owen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0288	Amount of Contribution
Residential Street Address 6 Ledge Rd	City Old Greenwich	State CT	Zip Code 06870-2320	Date Received 03/02/2010		
Principal Occupation Investments	Name of Employer Hamilton Robinson LLC		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,300.00						
Last Name Lamont	First Name Edward	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0003	Amount of Contribution
Residential Street Address 1234 Moores Hill Rd	City Syosset	State NY	Zip Code 11791-9631	Date Received 03/02/2010		
Principal Occupation retired	Name of Employer none		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03082010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Lamont	First Name Camille	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0068	Amount of Contribution
Residential Street Address 1234 Moores Hill Rd	City Syosset	State NY	Zip Code 11791-9631	Date Received 03/02/2010		
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03082010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
\$500.00						
Last Name Collins	First Name Tracy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0297	Amount of Contribution
Residential Street Address 29 Lords Hwy , Weston	City Weston	State CT	Zip Code 06883-1607	Date Received 03/02/2010		
Principal Occupation Retired	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Habib	First Name Philip	MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0351	Amount of Contribution \$1,000.00
Residential Street Address 233 E 70th St	City New York	State NY	Zip Code 10021-5223	Date Received 03/02/2010		
Principal Occupation Principal	Name of Employer Philip Habib & Associates	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03082010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name Pinton	First Name Margaret	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0445	Amount of Contribution \$25.00
Residential Street Address 70 Bunker Hill Rd	City Canton	State CT	Zip Code 06019-3714	Date Received 03/02/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Patel	First Name Ajay	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0527	Amount of Contribution \$250.00
Residential Street Address 5 Laurel Rd	City New Canaan	State CT	Zip Code 06840-3207	Date Received 03/02/2010		
Principal Occupation Finance	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03072010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Adler	First Name Clifford	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0515	Amount of Contribution \$500.00
Residential Street Address 15 Butler Rd	City Scarsdale	State NY	Zip Code 10583-1617	Date Received 03/03/2010		
Principal Occupation Importer	Name of Employer Kurt S. Adler, Inc.	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # 03082010a <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Ryan	First Name Kevin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0473	Amount of Contribution
Residential Street Address 2 Park Ave , Gilt Groupe	City New York	State NY	Zip Code 10016-5675	Date Received 03/03/2010		
Principal Occupation Chairman + Founder	Name of Employer Gilt Groupe	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Repetti	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0392	Amount of Contribution
Residential Street Address 111 Cherry Valley Ave Apt 423	City Garden City	State NY	Zip Code 11530-1573	Date Received 03/03/2010		
Principal Occupation CPA	Name of Employer Graf Repetti & Co., LLP	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name O'Leary	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0294	Amount of Contribution
Residential Street Address 28 Ridgebrook Rd	City Greenwich	State CT	Zip Code 06830-4735	Date Received 03/03/2010		
Principal Occupation Marketing Communications	Name of Employer McCann Worldgroup	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name O'Leary	First Name Susan	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0478	Amount of Contribution
Residential Street Address 28 Ridgebrook Rd	City Greenwich	State CT	Zip Code 06830-4735	Date Received 03/03/2010		
Principal Occupation Homemaker	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,500.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Kimmelman	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0293	Amount of Contribution
Residential Street Address 800 3rd Ave Ste 3100	City New York	State NY	Zip Code 10022-7667	Date Received 03/04/2010		
Principal Occupation Investment Adviser	Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Burgess	First Name Granville	MI W	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0058	Amount of Contribution
Residential Street Address 983 North St	City Greenwich	State CT	Zip Code 06831-2820	Date Received 03/04/2010		
Principal Occupation writer	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Santos	First Name Jorge	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0042	Amount of Contribution
Residential Street Address 17 Weir Court Ext	City Windham	State CT	Zip Code 06280-1335	Date Received 03/05/2010		
Principal Occupation Graduate Student/Teaching Assistant	Name of Employer UCONN		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Burlingham	First Name Camille	MI L	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0033	Amount of Contribution
Residential Street Address 9 High Ridge Dr	City Pawcatuck	State CT	Zip Code 06379-1238	Date Received 03/05/2010		
Principal Occupation teacher sub	Name of Employer pine point school		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Lamont		First Name Camille		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0069	Amount of Contribution
Residential Street Address 1234 Moores Hill Rd		City Syosset		State NY	Zip Code 11791-9631		Date Received 03/05/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,250.00	\$500.00

Last Name Armstrong		First Name Helen		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0301	Amount of Contribution \$100.00
Residential Street Address 278 Wrights Mill Rd		City Coventry		State CT	Zip Code 06238-1533	Date Received 03/05/2010		
Principal Occupation retired		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Gaumer		First Name Fredric		MI K	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0328	Amount of Contribution
Residential Street Address 79 Maple St		City Norwich		State CT	Zip Code 06360-5409		Date Received 03/05/2010	
Principal Occupation none		Name of Employer not employed			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name FELTMAN		First Name HOWARD ADRIENNE		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0368	Amount of Contribution
Residential Street Address 5050 Kestral Park Way S		City Sarasota		State FL	Zip Code 34231-3248		Date Received 03/05/2010	
Principal Occupation RETIRED		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Korsant	First Name Catherine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0291	Amount of Contribution
Residential Street Address 283 Greenwich Ave	City Greenwich	State CT	Zip Code 06830-6534	Date Received 03/05/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Korsant	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0391	Amount of Contribution
Residential Street Address 283 Greenwich Ave	City Greenwich	State CT	Zip Code 06830-6534	Date Received 03/05/2010		
Principal Occupation Investments	Name of Employer Korsant Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Heller	First Name Mary	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0292	Amount of Contribution
Residential Street Address 132 E 74th St	City New York	State NY	Zip Code 10021-3503	Date Received 03/05/2010		
Principal Occupation photographer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
Last Name Shea	First Name Rebecca	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0464	Amount of Contribution
Residential Street Address 117 Whalehead Rd	City Gales Ferry	State CT	Zip Code 06335-1329	Date Received 03/05/2010		
Principal Occupation Activities Director/ freelance writer	Name of Employer Pine Point School / self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Buch		First Name George		MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0471		Amount of Contribution	
Residential Street Address 208 Summit St			City Willimantic		State CT	Zip Code 06226-2413		Date Received 03/05/2010				
Principal Occupation retired			Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052010a</u>						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name McFeely		First Name Drake		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0438	Amount of Contribution
Residential Street Address 500 5th Ave			City New York		State NY	Zip Code 10110-0002	Date Received 03/05/2010	
Principal Occupation Publisher			Name of Employer W.W. Norton			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Smith		First Name Jeff		MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0421	Amount of Contribution
Residential Street Address PO Box 544		City Mansfield Center		State CT	Zip Code 06250-0544		Date Received 03/05/2010	
Principal Occupation retired		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03052010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	\$20.00

Last Name Davis		First Name Kim		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0410	Amount of Contribution
Residential Street Address 160 E 72nd St Apt 3A		City New York		State NY	Zip Code 10021-4357		Date Received 03/05/2010	
Principal Occupation Managing Director		Name of Employer Charlesbank Capital Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name klahn		First Name michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0150		Amount of Contribution	
Residential Street Address 5 Cheyenne Cir			City Madison		State WI	Zip Code 53705-4701		Date Received 03/08/2010				
Principal Occupation registered nurse			Name of Employer uw health			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00			\$20.00	

Last Name Mandel		First Name Stephen		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0016	Amount of Contribution
Residential Street Address PO Box 4298			City Greenwich		State CT	Zip Code 06831		Date Received 03/08/2010
Principal Occupation Money Manager			Name of Employer Lone Pine Capital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	

Last Name Hull		First Name Joe		MI 	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0487	Amount of Contribution
Residential Street Address 339 Eastern St Apt B1505			City New Haven		State CT	Zip Code 06513-2487	Date Received 03/08/2010	
Principal Occupation retired			Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$35.00	\$10.00

Last Name Hudson		First Name Jeffery		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0441	Amount of Contribution
Residential Street Address 99 Leroy Ave			City Darien		State CT	Zip Code 06820-3411	Date Received 03/08/2010	
Principal Occupation Investment Management			Name of Employer Cedar Ridge Partners, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00	\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Spooner	First Name Sara	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0523	Amount of Contribution
Residential Street Address 863 Park Ave	City New York	State NY	Zip Code 10075-0380	Date Received 03/08/2010		
Principal Occupation Investor	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Fagan	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0409	Amount of Contribution
Residential Street Address 3040 Quinlan St	City Yorktown Heights	State NY	Zip Code 10598-2712	Date Received 03/08/2010		
Principal Occupation CPA	Name of Employer Citrin Cooperman & Company, LLP		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Bradford	First Name Phillip	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0462	Amount of Contribution
Residential Street Address 140 Hoyt St	City Stamford	State CT	Zip Code 06905-5766	Date Received 03/08/2010		
Principal Occupation Application Architect	Name of Employer GE Asset Management		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						
Last Name Holmgren	First Name Robert	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0504	Amount of Contribution
Residential Street Address 410 Central Park W Apt 11A /B	City New York	State NY	Zip Code 10025-4819	Date Received 03/08/2010		
Principal Occupation Self-Employed	Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Holt	First Name Susan	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0364	Amount of Contribution \$20.00
Residential Street Address 120 Kelsey St	City New Britain	State CT	Zip Code 06051-3245	Date Received 03/09/2010		
Principal Occupation Professor	Name of Employer CCSU	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		
Last Name Donaldson	First Name Jane	MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0400	Amount of Contribution \$1,000.00
Residential Street Address 870 United Nations Plz	City New York	State NY	Zip Code 10017-1807	Date Received 03/09/2010		
Principal Occupation Executive Search	Name of Employer Phillips Oppenheim	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03082010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
Last Name O'Leary	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0295	Amount of Contribution \$1,500.00
Residential Street Address 28 Ridgebrook Rd	City Greenwich	State CT	Zip Code 06830-4735	Date Received 03/09/2010		
Principal Occupation Marketing Communications	Name of Employer McCann Worldgroup	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03082010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		
Last Name Wasserman	First Name Adele	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0536	Amount of Contribution \$10.00
Residential Street Address 3357 Maplewood Dr N	City Wantagh	State NY	Zip Code 11793-3420	Date Received 03/09/2010		
Principal Occupation retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name McCoy		First Name Sue		MI E	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0569	Amount of Contribution
Residential Street Address 65 Worthington Rd			City White Plains		State NY	Zip Code 10607-2309		Date Received 03/09/2010		
Principal Occupation Engineer			Name of Employer Philip Habib & Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00		\$500.00

Last Name Conway		First Name Richard		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0590	Amount of Contribution
Residential Street Address 1361 Madison Ave Apt 5E		City New York		State NY	Zip Code 10128-0768		Date Received 03/09/2010	
Principal Occupation Investment Management		Name of Employer Lampe, Conway + Co. LLC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Greenfield		First Name Constance		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0014	Amount of Contribution
Residential Street Address 279 Sturges Hwy			City Westport		State CT	Zip Code 06880	Date Received 03/09/2010	
Principal Occupation Homemaker			Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Greenfield		First Name Stewart		MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0015	Amount of Contribution
Residential Street Address 279 Sturges Hwy			City Westport		State CT	Zip Code 06880	Date Received 03/09/2010	
Principal Occupation Chairman			Name of Employer Alternative Investment Group			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pepin	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0375	Amount of Contribution \$100.00
Residential Street Address 42 Laurel Dr	City Willington	State CT	Zip Code 06279-2247	Date Received 03/10/2010		
Principal Occupation Venture Investing	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		
Last Name Kennedy	First Name Steve	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0365	Amount of Contribution \$75.00
Residential Street Address 5060 N Winthrop Ave	City Chicago	State IL	Zip Code 60640-6433	Date Received 03/10/2010		
Principal Occupation Director	Name of Employer Morgan Stanley	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$75.00		
Last Name Conti	First Name Lisa	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0497	Amount of Contribution \$25.00
Residential Street Address 89 Griswold Dr	City West Hartford	State CT	Zip Code 06119-1147	Date Received 03/11/2010		
Principal Occupation Assistant Professor	Name of Employer University of Connecticut Health Center	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 03132010a				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Garrison	First Name Helen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0451	Amount of Contribution \$100.00
Residential Street Address 117 Route 39 N	City Sherman	State CT	Zip Code 06784-1120	Date Received 03/11/2010		
Principal Occupation retired	Name of Employer retired	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Clein	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0110	Amount of Contribution
Residential Street Address 6912 Ridgewood Ave	City Chevy Chase	State MD	Zip Code 20815-5150	Date Received 03/11/2010		
Principal Occupation finance officer	Name of Employer United Biosource Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Simmons	First Name Eileen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0085	Amount of Contribution
Residential Street Address 66 Winding Ln	City Greenwich	State CT	Zip Code 06831-3734	Date Received 03/11/2010		
Principal Occupation Homemaker	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00		
Last Name Passaris	First Name Lex	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0426	Amount of Contribution
Residential Street Address 507 N Beachwood Dr	City Los Angeles	State CA	Zip Code 90004-1416	Date Received 03/11/2010		
Principal Occupation TV Production	Name of Employer Self employed		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Spiegelman	First Name Martha	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0100	Amount of Contribution
Residential Street Address 185 Middle St	City Amherst	State MA	Zip Code 01002-3011	Date Received 03/12/2010		
Principal Occupation Not Employed	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Corwin	First Name Jack	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0483	Amount of Contribution
Residential Street Address 2150 N Lincoln St	City Burbank	State CA	Zip Code 91504-3337	Date Received 03/12/2010		
Principal Occupation Self-employed	Name of Employer Self-employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Cohen	First Name Richard	MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0578	Amount of Contribution
Residential Street Address 927 5th Ave	City New York	State NY	Zip Code 10021-2679	Date Received 03/12/2010		
Principal Occupation Real Estate	Name of Employer Capital Properties	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03082010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Gray	First Name Albert	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0556	Amount of Contribution
Residential Street Address 189 Kenyon St	City Hartford	State CT	Zip Code 06105-2237	Date Received 03/13/2010		
Principal Occupation Information Requested	Name of Employer Information Requested	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Lally	First Name David	MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0563	Amount of Contribution
Residential Street Address 3 Mathers Xing	City Simsbury	State CT	Zip Code 06070-2479	Date Received 03/13/2010		
Principal Occupation N/A	Name of Employer Value Options	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>03132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Foley		First Name Thomas		MI F	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0502		Amount of Contribution	
Residential Street Address 54 Westland Ave			City West Hartford			State CT	Zip Code 06107-2732		Date Received 03/13/2010			
Principal Occupation retired			Name of Employer n/a				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03132010a</u>					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:					<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Covault		First Name Jonathan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0485	Amount of Contribution
Residential Street Address 36 Woodhaven Dr		City Simsbury		State CT	Zip Code 06070-2636		Date Received 03/13/2010	
Principal Occupation Assistant Professor		Name of Employer UConn Health Center			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00	\$75.00

Last Name Wolansky		First Name David		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0461	Amount of Contribution
Residential Street Address 123 Haynes Rd		City Avon		State CT	Zip Code 06001-2928		Date Received 03/13/2010	
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Walsh		First Name Milton		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0452	Amount of Contribution \$50.00
Residential Street Address 31 Joshua HI		City Windsor		State CT	Zip Code 06095-3468	Date Received 03/13/2010		
Principal Occupation Attorney		Name of Employer Office of Public Defender			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Katz		First Name William		MI P	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0413		Amount of Contribution	
Residential Street Address 166 Linnmoore St			City Hartford		State CT	Zip Code 06114-2220		Date Received 03/13/2010				
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00			\$25.00	

Last Name Spear		First Name Gregory		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0423	Amount of Contribution
Residential Street Address 80 Whitman Ave			City West Hartford		State CT	Zip Code 06107-1751	Date Received 03/13/2010	
Principal Occupation Publisher			Name of Employer Independent Investor, INC			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Yennie		First Name Hyacinth		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0425	Amount of Contribution
Residential Street Address 35 Mountford St			City Hartford		State CT	Zip Code 06114-1755	Date Received 03/13/2010	
Principal Occupation N?A			Name of Employer Self		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name O'Brien		First Name Catherine		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0384	Amount of Contribution
Residential Street Address 5 Settlement HI			City Windsor		State CT	Zip Code 06095-2034	Date Received 03/13/2010	
Principal Occupation Retired			Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Quinlan		First Name Donald		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0329		Amount of Contribution	
Residential Street Address 68 Long Lots Rd			City Westport		State CT	Zip Code 06880-3917		Date Received 03/13/2010				
Principal Occupation Professor			Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list Event # <u>03132010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00			\$100.00	
Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative												

Last Name Quinlan		First Name Donald		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0330	Amount of Contribution
Residential Street Address 68 Long Lots Rd			City Westport		State CT	Zip Code 06880-3917		Date Received 03/13/2010
Principal Occupation Professor			Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input checked="" type="checkbox"/> No					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	
\$100.00								

Last Name Darling		First Name Alan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0283	Amount of Contribution
Residential Street Address 27 Cherryfield Dr		City West Hartford		State CT	Zip Code 06107-3363		Date Received 03/13/2010	
Principal Occupation part-time tutor		Name of Employer Capital Community College			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Massa		First Name Benjamin		MI M	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0106	Amount of Contribution \$25.00
Residential Street Address 44 Brinley Way		City Newington		State CT	Zip Code 06111-1153	Date Received 03/13/2010		
Principal Occupation Attorney		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Pudlin		First Name David		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0108	Amount of Contribution
Residential Street Address 407 Monroe St		City New Britain		State CT	Zip Code 06052-1647		Date Received 03/13/2010	
Principal Occupation Self-Employed		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00		\$100.00

Last Name Belliveau		First Name Robert		MI P		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0109		Amount of Contribution	
Residential Street Address 361 Mountain Rd			City West Hartford			State CT		Zip Code 06107-1028		Date Received 03/13/2010	
Principal Occupation Social Worker			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		

Last Name Faith		First Name Marsha		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0114		Amount of Contribution	
Residential Street Address 509 S Main St			City West Hartford			State CT	Zip Code 06110-1754		Date Received 03/13/2010			
Principal Occupation School Psychologist			Name of Employer Wethersfield Board of Education				Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Aggregate Contributions \$50.00			

Last Name Williams		First Name Erik		MI A	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0539		Amount of Contribution	
Residential Street Address 12 Boston Tpke			City Coventry		State CT	Zip Code 06238-1304		Date Received 03/13/2010		
Principal Occupation Political Consultant			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Callaway		First Name Samuel		MI R	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0179	Amount of Contribution
Residential Street Address 8 Sanfordtown Rd			City Redding		State CT	Zip Code 06896		Date Received 03/14/2010
Principal Occupation Architect			Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$150.00	

Last Name Karvelis Jr.		First Name Leon		MI		Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0206		Amount of Contribution	
Residential Street Address 42 Umpawaug Rd			City Redding			State CT		Zip Code 06896-2809		Date Received 03/14/2010	
Principal Occupation Retired			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00		

Last Name Friedman		First Name Bart		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0104	Amount of Contribution
Residential Street Address 1172 Park Ave		City New York		State NY	Zip Code 10128-1213		Date Received 03/14/2010	
Principal Occupation Attorney		Name of Employer Cahill Gordon & Reindel LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

Last Name van Oostendorp		First Name Han		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0147	Amount of Contribution \$50.00
Residential Street Address 18 Huckleberry Rd		City Redding		State CT	Zip Code 06896-2423		Date Received 03/14/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$75.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Castillo		First Name Mark		MI		Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0349		Amount of Contribution	
Residential Street Address 8 Beech Ln			City Redding			State CT	Zip Code 06896-2514		Date Received 03/14/2010		
Principal Occupation Self-Employed			Name of Employer Self				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$40.00		\$40.00

Last Name Van Ausdal	First Name Roger	MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0369	Amount of Contribution
Residential Street Address 21 Orchard Dr		City Redding		State CT	Zip Code 06896-2911	Date Received 03/14/2010
Principal Occupation Sales		Name of Employer Atotech USA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			Aggregate Contributions \$100.00
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						\$100.00

Last Name Barberie						First Name Jill		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0394		Amount of Contribution	
Residential Street Address 9 Shady Ln				City Redding			State CT	Zip Code 06896-2322		Date Received 03/14/2010				
Principal Occupation Information Requested				Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:							<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$30.00		\$30.00

Last Name Miller		First Name Edward		MI P	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0380	Amount of Contribution
Residential Street Address 19 Lamppost Dr		City Redding			State CT	Zip Code 06896-1121	Date Received 03/14/2010	
Principal Occupation Attorney		Name of Employer Boehringer Ingelheim USA, INC.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Cox	First Name Grant	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Contribution ID # 0428	Amount of Contribution
Residential Street Address 144 Umpawaug Rd	City Redding	State CT	Zip Code 06896-2816	Date Received 03/14/2010		
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00
						\$50.00

Last Name Johnson		First Name Bruce		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0432	Amount of Contribution
Residential Street Address 97 Pinetree Rd		City Redding		State CT	Zip Code 06896-3003	Date Received 03/14/2010		
Principal Occupation Teacher		Name of Employer Greenwich Schools			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Morton		First Name Marjorie		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0475	Amount of Contribution
Residential Street Address PO Box 16			City Redding Ridge		State CT	Zip Code 06876-0016		Date Received 03/14/2010
Principal Occupation Self			Name of Employer Psychotherapist			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$37.50	

Last Name Morton		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0458	Amount of Contribution
Residential Street Address PO Box 16		City Redding Ridge		State CT	Zip Code 06876-0016		Date Received 03/14/2010	
Principal Occupation Editor		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$37.50	\$37.50

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Tonra	First Name Stephen	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0525	Amount of Contribution \$100.00	
Residential Street Address PO Box 1024	City Redding	State CT	Zip Code 06875-1024	Date Received 03/14/2010			
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Barickman	First Name James	MI H	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0546	Amount of Contribution \$250.00	
Residential Street Address 3 Church Hill Ln	City Redding	State CT	Zip Code 06896-2119	Date Received 03/14/2010			
Principal Occupation Business Deveoplment	Name of Employer North Star Partners, INC		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00
Last Name Korman	First Name Martha	MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0541	Amount of Contribution \$100.00	
Residential Street Address 23 Farview Farm Rd	City Redding	State CT	Zip Code 06896-3305	Date Received 03/14/2010			
Principal Occupation Information Requested	Name of Employer Information Requested		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00
Last Name Hichwa	First Name John	MI S	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0533	Amount of Contribution \$25.00	
Residential Street Address 10 Beauiles Ln	City West Redding	State CT	Zip Code 06896-1918	Date Received 03/14/2010			
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bodurtha		First Name Jennifer		MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0577		Amount of Contribution	
Residential Street Address 52 Pine Mountain Rd			City West Redding			State CT	Zip Code 06896-2716		Date Received 03/14/2010			
Principal Occupation Unemployed			Name of Employer None				Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00			\$20.00	

Last Name lignon		First Name austin		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0446	Amount of Contribution
Residential Street Address 970 Millers Ln			City Manakin Sabot		State VA	Zip Code 23103-3014		Date Received 03/15/2010
Principal Occupation Venture Investor			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,000.00	

Last Name Gagliardi		First Name Camille		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0379	Amount of Contribution	
Residential Street Address 16 Foxridge Rd		City West Hartford		State CT	Zip Code 06107-3624	Date Received 03/15/2010			
Principal Occupation financial advisor		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>03132010a</u>				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name Coyle		First Name Barbara		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0171	Amount of Contribution \$20.00
Residential Street Address 22 Jacobs Ter		City Middletown		State CT	Zip Code 06457		Date Received 03/15/2010	
Principal Occupation Information Requested		Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Mandel	First Name Susan	MI Z	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0017	Amount of Contribution \$3,500.00
Residential Street Address PO Box 4298	City Greenwich	State CT	Zip Code 06831	Date Received 03/15/2010		
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$3,500.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name McGonigal	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0181	Amount of Contribution \$1,000.00
Residential Street Address 5 Swale Rd	City Norwalk	State CT	Zip Code 06855-1610	Date Received 03/15/2010		
Principal Occupation Retired	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Feen	First Name Carl	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0063	Amount of Contribution \$1,000.00
Residential Street Address 791 Tummel Ln	City West Haven	State CT	Zip Code 06516	Date Received 03/16/2010		
Principal Occupation Insurance Broker	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$1,000.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last Name Engstrom	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0084	Amount of Contribution \$3,500.00
Residential Street Address 4 Davis Ln	City Darien	State CT	Zip Code 06820-6229	Date Received 03/16/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions \$3,500.00		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name ligon	First Name austin	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0447	Amount of Contribution
Residential Street Address 970 Millers Ln	City Manakin Sabot	State VA	Zip Code 23103-3014	Date Received 03/16/2010		
Principal Occupation Venture Investor	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$500.00						
Last Name lamsam	First Name samornmitr	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0574	Amount of Contribution
Residential Street Address 970 Millers Ln	City Manakin Sabot	State VA	Zip Code 23103-3014	Date Received 03/16/2010		
Principal Occupation farmer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Flowers	First Name James	MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0581	Amount of Contribution
Residential Street Address 717 5th Ave Fl 26	City New York	State NY	Zip Code 10022-8100	Date Received 03/16/2010		
Principal Occupation Private Equity Manager	Name of Employer J.C. Flowers + Co. LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Wood	First Name Rebecca	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0582	Amount of Contribution
Residential Street Address 120 Kelsey St	City New Britain	State CT	Zip Code 06051-3245	Date Received 03/17/2010		
Principal Occupation University Professor	Name of Employer CCSU	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00		
\$40.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Schuetz		First Name Kurstien		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0149	Amount of Contribution
Residential Street Address 6460 Glen Oaks Ln NE		City Atlanta		State GA	Zip Code 30328-4194		Date Received 03/18/2010	
Principal Occupation computer consultant		Name of Employer Design Advisors LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

Last Name patricelli		First Name susan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0151	Amount of Contribution
Residential Street Address 44 Scott Dr		City Bloomfield		State CT	Zip Code 06002-3018		Date Received 03/18/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Teter		First Name Magda		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0567	Amount of Contribution
Residential Street Address 62 Berkeley Rd		City Middletown		State CT	Zip Code 06457-4107		Date Received 03/19/2010	
Principal Occupation Professor		Name of Employer Wesleyan			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	\$10.00

Last Name Deed		First Name Kenneth		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0187	Amount of Contribution
Residential Street Address 657 Heritage Vlg # A			City Southbury		State CT	Zip Code 06488-1548	Date Received 03/19/2010	
Principal Occupation none			Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Fleurelle		First Name Delys		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0200	Amount of Contribution
Residential Street Address 12 Rue Le Pig		City Losangeles		State LA	Zip Code 45120		Date Received 03/19/2010	
Principal Occupation farmers		Name of Employer nurses			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	\$10.00

Last Name Colasacco		First Name Antonio		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0544	Amount of Contribution
Residential Street Address 151 Cider Brook Dr		City Wethersfield		State CT	Zip Code 06109-2427		Date Received 03/19/2010	
Principal Occupation N/A		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03132010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Lyon		First Name Robert		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0583	Amount of Contribution
Residential Street Address 225 Stanford Ave		City Kensington		State CA	Zip Code 94708-1103		Date Received 03/20/2010	
Principal Occupation not employed		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name Bruenn		First Name Thomas		MI E	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0377	Amount of Contribution
Residential Street Address 66 Mattabasset Dr			City Meriden		State CT	Zip Code 06450-7431		Date Received 03/20/2010
Principal Occupation Information Requested			Name of Employer Information Requested			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Grasso		First Name Patrick		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0048		Amount of Contribution	
Residential Street Address 18 Shore Acre Dr			City Old Greenwich		State CT	Zip Code 06870-2130		Date Received 03/21/2010		
Principal Occupation Real Estate Banking			Name of Employer Keystone Realty Capital			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>02212010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00		
										\$50.00

Last Name Barton		First Name Nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0036	Amount of Contribution
Residential Street Address 7 Meadow Pl		City Old Greenwich		State CT	Zip Code 06870		Date Received 03/22/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		\$3,500.00

Last Name O'Hanlan		First Name Edward		MI V	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0024	Amount of Contribution
Residential Street Address 453 Carter St		City New Canaan		State CT	Zip Code 06840-5015		Date Received 03/23/2010	
Principal Occupation lawyer		Name of Employer Robinson & Cole, LLP			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$100.00	\$100.00

Last Name Glassmeyer		First Name Edward		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0320	Amount of Contribution
Residential Street Address 23 Butlers Island Rd			City Darien		State CT	Zip Code 06820-6203	Date Received 03/23/2010	
Principal Occupation Venture Capital Investor			Name of Employer Oak Management Corp.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Huntress		First Name Betsy		MI W	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0170	Amount of Contribution
Residential Street Address 153 East Ave		City New Canaan		State CT	Zip Code 06840		Date Received 03/23/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

Last Name Valerie		First Name Bruxelia		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0111	Amount of Contribution
Residential Street Address 14 Rue Le Pic		City Losangeles		State AL	Zip Code 45862		Date Received 03/23/2010	
Principal Occupation accountant		Name of Employer bank			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	\$10.00

Last Name Lieber		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0520	Amount of Contribution
Residential Street Address 27 Brockway Ferry Rd		City Lyme		State CT	Zip Code 06371-3002		Date Received 03/23/2010	
Principal Occupation Physician		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$200.00	\$200.00

Last Name Elliot		First Name Victoria		MI B	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0406	Amount of Contribution
Residential Street Address 10 Litchfield Rd			City Harwinton		State CT	Zip Code 06791-2201		Date Received 03/23/2010
Principal Occupation Realtor			Name of Employer Sotheby's William Pitt			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Simpson		First Name Roy		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0176	Amount of Contribution
Residential Street Address 50 Vista Dr			City Greenwich		State CT	Zip Code 06830-7128		Date Received 03/24/2010
Principal Occupation consultant			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	

Last Name James		First Name Karen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0095	Amount of Contribution
Residential Street Address 451 Guards Rd		City Greenwich		State CT	Zip Code 06831-2666		Date Received 03/25/2010	
Principal Occupation Non-profit		Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,150.00		\$3,150.00

Last Name Lamont		First Name Edward		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0004	Amount of Contribution
Residential Street Address 1234 Moores Hill Rd			City Syosset		State NY	Zip Code 11791-9631	Date Received 03/25/2010	
Principal Occupation retired			Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	\$3,000.00

Last Name Kiernan		First Name Mary Lee		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0496	Amount of Contribution
Residential Street Address 19 Birchwood Dr		City Greenwich		State CT	Zip Code 06831-3310	Date Received 03/25/2010		
Principal Occupation Not Employed		Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Bradford	First Name Phillip	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0463	Amount of Contribution \$10.00
Residential Street Address 140 Hoyt St	City Stamford	State CT	Zip Code 06905-5766	Date Received 03/26/2010		
Principal Occupation Application Architect	Name of Employer GE Asset Management		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$110.00		
Last Name Magsamen	First Name Kate	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0414	Amount of Contribution \$250.00
Residential Street Address 902 N Market St Apt 1005	City Wilmington	State DE	Zip Code 19801-3056	Date Received 03/26/2010		
Principal Occupation Finance Director	Name of Employer Chris Coons for Delaware		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Harman	First Name Fred	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0435	Amount of Contribution \$3,500.00
Residential Street Address 25 Hidden Valley Ln	City Woodside	State CA	Zip Code 94062-1203	Date Received 03/26/2010		
Principal Occupation Venture Capital	Name of Employer Oak Investment Partners		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Harman	First Name Stephanie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0584	Amount of Contribution \$3,500.00
Residential Street Address 25 Hidden Valley Ln	City Woodside	State CA	Zip Code 94062-1203	Date Received 03/26/2010		
Principal Occupation Homemaker	Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Janes		First Name Thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0310	Amount of Contribution
Residential Street Address 4 Longfellow Pl Apt 3105		City Boston		State MA	Zip Code 02114-2828		Date Received 03/26/2010	
Principal Occupation investments		Name of Employer lincolnshire			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Jones		First Name David		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0079	Amount of Contribution
Residential Street Address 104 Ramhorne Rd			City New Canaan		State CT	Zip Code 06840-3007	Date Received 03/26/2010	
Principal Occupation consultant			Name of Employer D.A. Jones LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Adams		First Name Andrew		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0165	Amount of Contribution
Residential Street Address 965 Old Post Rd		City Fairfield		State CT	Zip Code 06824-5906		Date Received 03/26/2010	
Principal Occupation Finance		Name of Employer OMC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Allwin		First Name Maria		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0010	Amount of Contribution
Residential Street Address 65 Upper Cross Rd		City Greenwich		State CT	Zip Code 06831-2702		Date Received 03/26/2010	
Principal Occupation Not Employed		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Barstow	First Name Robbins	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0492	Amount of Contribution \$10.00
Residential Street Address 190 Stillwold Dr	City Wethersfield	State CT	Zip Code 06109-3038	Date Received 03/26/2010		
Principal Occupation Retired	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		
Last Name Berman	First Name Charles	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0548	Amount of Contribution \$250.00
Residential Street Address 230 Rosebrook Rd	City New Canaan	State CT	Zip Code 06840-3727	Date Received 03/26/2010		
Principal Occupation Real Estate Finance	Name of Employer MacFarlanePartners,LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Wiener	First Name Malcolm	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0172	Amount of Contribution \$3,500.00
Residential Street Address 66 Vista Dr	City Greenwich	State CT	Zip Code 06830-7128	Date Received 03/26/2010		
Principal Occupation Prehistorian	Name of Employer INSTAP	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Wiener	First Name Carolyn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0168	Amount of Contribution \$3,500.00
Residential Street Address 66 Vista Dr	City Greenwich	State CT	Zip Code 06830-7128	Date Received 03/26/2010		
Principal Occupation Attorney	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Rogath	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0118	Amount of Contribution
Residential Street Address 55 Old Post Rd # 2 , Chalk and Vermil	City Greenwich	State CT	Zip Code 06830	Date Received 03/26/2010		
Principal Occupation owner	Name of Employer chalk and vermilion		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Rogath	First Name Leslee	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0119	Amount of Contribution
Residential Street Address 55 Old Post Rd # 2 , Chalk and Vermil	City Greenwich	State CT	Zip Code 06830	Date Received 03/26/2010		
Principal Occupation owner	Name of Employer chalk and vermilion		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Cody	First Name Geraldine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0120	Amount of Contribution
Residential Street Address 181 E 93rd St	City New York	State NY	Zip Code 10128-3730	Date Received 03/26/2010		
Principal Occupation PERS ADMR	Name of Employer NYS OMH		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Torrey	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0183	Amount of Contribution
Residential Street Address 415 Round Hill Rd	City Greenwich	State CT	Zip Code 06831-2617	Date Received 03/26/2010		
Principal Occupation investor	Name of Employer torrey associates		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Burlingham	First Name Camille	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0034	Amount of Contribution
Residential Street Address 9 High Ridge Dr	City Pawcatuck	State CT	Zip Code 06379-1238	Date Received 03/27/2010	
Principal Occupation teacher sub	Name of Employer pine point school	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,150.00	
Last Name Sheffer	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0009	Amount of Contribution
Residential Street Address 17 Stoney Point Rd	City Westport	State CT	Zip Code 06880-5923	Date Received 03/27/2010	
Principal Occupation volunteer	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	
Last Name Scannell	First Name Jean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0082	Amount of Contribution
Residential Street Address 70 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831-3752	Date Received 03/27/2010	
Principal Occupation none	Name of Employer not employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>04172010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	
Last Name Scannell	First Name Peter	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0083	Amount of Contribution
Residential Street Address 70 Zaccheus Mead Ln	City Greenwich	State CT	Zip Code 06831-3752	Date Received 03/27/2010	
Principal Occupation businessman	Name of Employer Rockwood Service Corp	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>04172010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Erdman		First Name Argentina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0386	Amount of Contribution
Residential Street Address 3412 NE Hancock St		City Portland		State OR	Zip Code 97212-5125		Date Received 03/27/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$15.00	\$15.00

Last Name Khan		First Name Zuhair		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0585	Amount of Contribution
Residential Street Address 9704 Delgado Way			City Austin		State TX	Zip Code 78733-2660	Date Received 03/27/2010	
Principal Occupation Student			Name of Employer The University of Texas at Austin			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$20.00	\$20.00

Last Name Siqueiros		First Name Mitch		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0529	Amount of Contribution
Residential Street Address 31 Cedar Spring Rd		City Burlington		State CT	Zip Code 06013-2441		Date Received 03/27/2010	
Principal Occupation Associate Financial Advisor		Name of Employer Mather & Associates			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00	\$25.00

Last Name Minot		First Name Wendy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0440	Amount of Contribution
Residential Street Address 1165 Mesa Rd		City Santa Barbara		State CA	Zip Code 93108-2432	Date Received 03/27/2010		
Principal Occupation None		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gordon		First Name Lucy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0316	Amount of Contribution
Residential Street Address 9 E 79th St			City New York		State NY	Zip Code 10075		Date Received 03/28/2010
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	
								\$450.00

Last Name McNally		First Name Thomas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0248	Amount of Contribution
Residential Street Address 36 Patriot Rd			City Windham		State CT	Zip Code 06280-1424	Date Received 03/28/2010	
Principal Occupation Retired			Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03052010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$45.00	\$20.00

Last Name Clark		First Name Kathy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0088	Amount of Contribution
Residential Street Address 151 Stanwich Rd		City Greenwich		State CT	Zip Code 06830-4018		Date Received 03/28/2010	
Principal Occupation NA		Name of Employer NA			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Smith		First Name Heidi		MI B	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0025	Amount of Contribution
Residential Street Address 15 Field Point Cir		City Greenwich			State CT	Zip Code 06830-7072	Date Received 03/28/2010	
Principal Occupation Investments		Name of Employer Camelot Capital			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Smith	First Name Scott	MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0026	Amount of Contribution \$500.00
Residential Street Address 15 Field Point Cir	City Greenwich	State CT	Zip Code 06830-7072	Date Received 03/28/2010	
Principal Occupation Investments	Name of Employer Camelot Capital	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	
Last Name Kelley	First Name Lauren	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0321	Amount of Contribution \$1,000.00
Residential Street Address 279 June Rd	City Stamford	State CT	Zip Code 06903-3734	Date Received 03/28/2010	
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 04172010a			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	
Last Name Zonis	First Name Jennifer	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0080	Amount of Contribution \$100.00
Residential Street Address 893 N Wilton Rd	City New Canaan	State CT	Zip Code 06840-2426	Date Received 03/28/2010	
Principal Occupation free lance PR	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Lewis	First Name Mark	MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0105	Amount of Contribution \$100.00
Residential Street Address 11 Highland Ave	City Redding	State CT	Zip Code 06896-3201	Date Received 03/28/2010	
Principal Occupation Software Developer	Name of Employer Optech Systems, INC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Vance		First Name Lee		MI G	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0096	Amount of Contribution
Residential Street Address 136 E 79th St		City New York		State NY	Zip Code 10075-0328		Date Received 03/28/2010	
Principal Occupation Author		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>03082010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
						\$1,000.00		

Last Name Sam		First Name Kobi		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0143		Amount of Contribution	
Residential Street Address 1437 1st Ave Apt 4RS			City New York			State NY		Zip Code 10021-3336		Date Received 03/28/2010	
Principal Occupation Analyst			Name of Employer Evercore			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	

Last Name Morris		First Name John		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0121	Amount of Contribution
Residential Street Address 49 Lockwood Ave		City Old Greenwich		State CT	Zip Code 06870-1718		Date Received 03/29/2010	
Principal Occupation retired public relations		Name of Employer retired Citigroup			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Goodwin		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0122	Amount of Contribution
Residential Street Address 70 Bayberry Rd		City New Canaan		State CT	Zip Code 06840-3901		Date Received 03/29/2010	
Principal Occupation investment advisor		Name of Employer morgan stanley smith barney			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Oberbeck	First Name Elizabeth	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0123	Amount of Contribution
Residential Street Address 630 Lake Ave	City Greenwich	State CT	Zip Code 06830-3854	Date Received 03/29/2010		
Principal Occupation writer	Name of Employer self		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
\$1,000.00						
Last Name Wilson	First Name Kirk	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0324	Amount of Contribution
Residential Street Address 28 Alden Rd	City Greenwich	State CT	Zip Code 06831-4448	Date Received 03/29/2010		
Principal Occupation Investment Banking	Name of Employer Greenhill & Company		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,500.00						
Last Name Vik	First Name Carrie	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0005	Amount of Contribution
Residential Street Address 10 Ashton Dr	City Greenwich	State CT	Zip Code 06831-3762	Date Received 03/29/2010		
Principal Occupation self employed	Name of Employer Vik Capital Management		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
\$3,500.00						
Last Name Freeburg	First Name Michael	MI J	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0021	Amount of Contribution
Residential Street Address 6 Indian Knoll Pl	City Greenwich	State CT	Zip Code 06831-3267	Date Received 03/29/2010		
Principal Occupation Financial Advisor	Name of Employer Greenwich Wealth Management LLC		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,000.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Freeburg		First Name Dorothy		MI M	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0019	Amount of Contribution
Residential Street Address 6 Indian Knoll Pl			City Greenwich		State CT	Zip Code 06831-3267		Date Received 03/29/2010
Principal Occupation Lawyer			Name of Employer Gilbride, Tusa, Last & Spelane, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	
Total Contribution: \$1,000.00								

Last Name Gormley		First Name Fran		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0327	Amount of Contribution
Residential Street Address 21 Pecksland Rd			City Greenwich		State CT	Zip Code 06831-3710	Date Received 03/29/2010	
Principal Occupation Principal			Name of Employer Greenwich Marketing Group Inc.			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Burlingham		First Name Nick		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0178	Amount of Contribution
Residential Street Address 9 High Ridge Dr		City Pawcatuck		State CT	Zip Code 06379		Date Received 03/29/2010	
Principal Occupation Attorney		Name of Employer Columbia Air Services		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Aggregate Contributions		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$1,000.00		\$1,000.00

Last Name Shang		First Name Jane		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0357	Amount of Contribution \$250.00
Residential Street Address 36 Park Ave		City Greenwich		State CT	Zip Code 06830-4884		Date Received 03/29/2010	
Principal Occupation VP Business Development		Name of Employer Chinese Language School of CT			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <div style="float: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Shang		First Name Jane		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0358	Amount of Contribution
Residential Street Address 36 Park Ave		City Greenwich		State CT	Zip Code 06830-4884	Date Received 03/29/2010		
Principal Occupation VP Business Development		Name of Employer Chinese Language School of CT			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		\$250.00

Last Name Sarram		First Name Shiva		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0081	Amount of Contribution
Residential Street Address 33 Soundview Ln			City New Canaan		State CT	Zip Code 06840-2732	Date Received 03/29/2010	
Principal Occupation mother / activist			Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Hudson		First Name Michelle		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0325	Amount of Contribution
Residential Street Address 99 Leroy Ave		City Darien		State CT	Zip Code 06820-3411		Date Received 03/29/2010	
Principal Occupation Homemaker		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # <u>04172010a</u>			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

Last Name Hallowell		First Name Elinor		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0077	Amount of Contribution
Residential Street Address 115 E Calle Resplendor			City Tucson		State AZ	Zip Code 85716-4939	Date Received 03/29/2010	
Principal Occupation Homemaker			Name of Employer N/A		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$300.00	\$100.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hallowell	First Name Elinor	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0078	Amount of Contribution
Residential Street Address 115 E Calle Resplendor	City Tucson	State AZ	Zip Code 85716-4939	Date Received 03/29/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00		
\$100.00						
Last Name Saddlemire	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0259	Amount of Contribution
Residential Street Address 235 Woodhaven Rd	City Glastonbury	State CT	Zip Code 06033-1919	Date Received 03/29/2010		
Principal Occupation Superintendent of Schools	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$175.00		
\$25.00						
Last Name Saddlemire	First Name Carlyn	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0450	Amount of Contribution
Residential Street Address 235 Woodhaven Rd	City Glastonbury	State CT	Zip Code 06033-1919	Date Received 03/29/2010		
Principal Occupation Food Services	Name of Employer Glastonbury Public Schools	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						
Last Name Saddlemire	First Name Patricia	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0257	Amount of Contribution
Residential Street Address 235 Woodhaven Rd	City Glastonbury	State CT	Zip Code 06033-1919	Date Received 03/29/2010		
Principal Occupation Education Consultant	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$225.00		
\$25.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Halsey	First Name Mary	MI S	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0244	Amount of Contribution
Residential Street Address 72 Glenville Rd	City Greenwich	State CT	Zip Code 06831-4433	Date Received 03/29/2010	
Principal Occupation Architect	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00	
Last Name Chirico	First Name Anthony	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0509	Amount of Contribution
Residential Street Address 12 Plains Rd # 322	City Essex	State CT	Zip Code 06426-1501	Date Received 03/29/2010	
Principal Occupation Marketing	Name of Employer Chirico Group	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	
Last Name Flavell	First Name Linda	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0573	Amount of Contribution
Residential Street Address 587 Roses Mill Rd	City Milford	State CT	Zip Code 06460-2833	Date Received 03/29/2010	
Principal Occupation Graphic Artist	Name of Employer Pitney Bowes	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	
Last Name Cole	First Name Roger	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 0491	Amount of Contribution
Residential Street Address 174 Hubbell Ln	City Fairfield	State CT	Zip Code 06824-2148	Date Received 03/29/2010	
Principal Occupation Consulting	Name of Employer Mars & Co	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Ruchefsky		First Name Steven		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0482	Amount of Contribution	
Residential Street Address 3 Evergreen Ave		City Westport		State CT	Zip Code 06880-2561		Date Received 03/30/2010		
Principal Occupation Executive		Name of Employer Caremi Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00		\$3,500.00

Last Name Hosch		First Name Braden		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0466	Amount of Contribution
Residential Street Address 85 Wells Farm Dr		City Wethersfield		State CT	Zip Code 06109-2626		Date Received 03/30/2010	
Principal Occupation Administrator		Name of Employer Central Connecticut State University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Lundgren		First Name Tina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0510	Amount of Contribution
Residential Street Address 650 Park Ave		City New York		State NY	Zip Code 10065-6115		Date Received 03/30/2010	
Principal Occupation Author		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

Last Name Gatto		First Name Joseph		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0367	Amount of Contribution
Residential Street Address 146 Brookside Dr		City Greenwich		State CT	Zip Code 06831-5346		Date Received 03/30/2010	
Principal Occupation Banking		Name of Employer Barclays Capital			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gatto		First Name Susan		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0416	Amount of Contribution
Residential Street Address 146 Brookside Dr		City Greenwich		State CT	Zip Code 06831-5346		Date Received 03/30/2010	
Principal Occupation jewelry designer		Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	
							\$1,000.00	

Last Name Knox		First Name Page		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0402	Amount of Contribution
Residential Street Address 50 Dewart Rd		City Greenwich		State CT	Zip Code 06830-3417		Date Received 03/30/2010	
Principal Occupation Homemaker		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Hudson		First Name Jeffery		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0442	Amount of Contribution
Residential Street Address 99 Leroy Ave		City Darien		State CT	Zip Code 06820-3411		Date Received 03/30/2010	
Principal Occupation Investment Management		Name of Employer Cedar Ridge Partners, LLC		Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,250.00		\$1,000.00

Last Name Jamar		First Name Jessie		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0006	Amount of Contribution
Residential Street Address 29 Raiders Ln		City Darien		State CT	Zip Code 06820-6020		Date Received 03/30/2010	
Principal Occupation not employed		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Reimers	First Name Lindsay	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0169	Amount of Contribution
Residential Street Address 445 Round Hill Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/30/2010		
Principal Occupation Homemaker	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Reimers	First Name Arthur	MI J	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0173	Amount of Contribution
Residential Street Address 445 Round Hill Rd	City Greenwich	State CT	Zip Code 06831	Date Received 03/30/2010		
Principal Occupation Investor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Newman	First Name Ellen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0031	Amount of Contribution
Residential Street Address 3663 Washington St	City San Francisco	State CA	Zip Code 94118-1832	Date Received 03/30/2010		
Principal Occupation Owner	Name of Employer Ellen Newman Associates	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Woolford	First Name Melissa	MI L	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0035	Amount of Contribution
Residential Street Address 15 Shagbark Rd	City Norwalk	State CT	Zip Code 06854-5014	Date Received 03/30/2010		
Principal Occupation Development	Name of Employer AmeriCares	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Vik		First Name Caroline		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0028	Amount of Contribution
Residential Street Address 10 Ashton Dr		City Greenwich		State CT	Zip Code 06831-3762		Date Received 03/30/2010	
Principal Occupation Student		Name of Employer Harvard University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		\$3,500.00

Last Name Haub		First Name Christian		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0124	Amount of Contribution
Residential Street Address 50 Vineyard Ln			City Greenwich		State CT	Zip Code 06831-3714	Date Received 03/30/2010	
Principal Occupation Executive			Name of Employer The Great A&P Tea Co Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with:					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00	\$2,000.00
<input type="checkbox"/> Executive <input type="checkbox"/> Legislative								

Last Name Sussman		First Name S		MI D	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0125		Amount of Contribution	
Residential Street Address 6100 Red Hook Quaters			City St Thomas		State VI	Zip Code 00802		Date Received 03/30/2010				
Principal Occupation Financial Advisor			Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00		\$3,500.00		

Last Name De Varona		First Name Donna		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0126	Amount of Contribution \$500.00
Residential Street Address 3 Avon Ln		City Greenwich		State CT	Zip Code 06830-3926		Date Received 03/31/2010	
Principal Occupation CONSULTANT		Name of Employer SELF			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Clark		First Name Ann		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0127	Amount of Contribution
Residential Street Address 1179 Whitney Ave		City Hamden		State CT	Zip Code 06517-3434		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Stern		First Name Bernice		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0128	Amount of Contribution
Residential Street Address 51 Burying Hill Rd		City Greenwich		State CT	Zip Code 06831-3045		Date Received 03/31/2010	
Principal Occupation none		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		\$250.00

Last Name Wheat		First Name Lynne		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0130	Amount of Contribution
Residential Street Address 4 Sound Shore Dr		City Greenwich		State CT	Zip Code 06830-7252		Date Received 03/31/2010	
Principal Occupation none		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Teitelman		First Name Andrew		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0132	Amount of Contribution \$50.00
Residential Street Address 49 S Meadow View Ct		City Glenwood Springs		State CO	Zip Code 81601-9227	Date Received 03/31/2010		
Principal Occupation n/a		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Eckert		First Name James		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0133	Amount of Contribution
Residential Street Address 159 Ridge Rd		City Hamden		State CT	Zip Code 06517-3500		Date Received 03/31/2010	
Principal Occupation research		Name of Employer univ			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		\$25.00

Last Name MacMullen		First Name Ramsay		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0134	Amount of Contribution
Residential Street Address 25 Temple Ct			City New Haven		State CT	Zip Code 06511-6820	Date Received 03/31/2010	
Principal Occupation Professor			Name of Employer Yale University			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00

Last Name Fertig		First Name William		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0135	Amount of Contribution
Residential Street Address 7 Cobb Island Dr		City Greenwich		State CT	Zip Code 06830-7244		Date Received 03/31/2010	
Principal Occupation investment manager		Name of Employer context capital management			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$500.00	\$500.00

Last Name Fertig		First Name Nancy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0136	Amount of Contribution \$500.00
Residential Street Address 7 Cobb Island Dr		City Greenwich		State CT	Zip Code 06830-7244		Date Received 03/31/2010	
Principal Occupation homemaker		Name of Employer self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Latif	First Name Nancy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0201	Amount of Contribution
Residential Street Address 186 Fern St	City West Hartford	State CT	Zip Code 06119-1123	Date Received 03/31/2010		
Principal Occupation Mother, Wife, Student, Writer, Cook	Name of Employer Self Employed	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Aggregate Contributions \$20.00	\$20.00

Last Name Cholnoky		First Name Regina		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0344	Amount of Contribution
Residential Street Address 515 N Maple Ave		City Greenwich		State CT	Zip Code 06830-3809		Date Received 03/31/2010	
Principal Occupation Sales		Name of Employer Worth Collection			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

Last Name Cholnoký		First Name Tom		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0537	Amount of Contribution
Residential Street Address 515 N Maple Ave		City Greenwich		State CT	Zip Code 06830-3809		Date Received 03/31/2010	
Principal Occupation SVP		Name of Employer Transatlantic Holdings			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Fleischmann		First Name Karl		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0570	Amount of Contribution
Residential Street Address 1055 Prospect Ave		City Hartford		State CT	Zip Code 06105-1104		Date Received 03/31/2010	
Principal Occupation Lawyer		Name of Employer Self			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00
								\$10.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Baker	First Name Sue	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0207	Amount of Contribution \$100.00
Residential Street Address 81 Indian Head Rd	City Riverside	State CT	Zip Code 06878-2422	Date Received 03/31/2010		
Principal Occupation retired teacher	Name of Employer retired Bd of Ed.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Beasley	First Name Alan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0226	Amount of Contribution \$100.00
Residential Street Address 519 Harvest Cmns	City Westport	State CT	Zip Code 06880-3950	Date Received 03/31/2010		
Principal Occupation N/A	Name of Employer Retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		
Last Name Evans	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0565	Amount of Contribution \$50.00
Residential Street Address 216 Charter Oak Rd	City Southbury	State CT	Zip Code 06488-1254	Date Received 03/31/2010		
Principal Occupation retired	Name of Employer retired		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Karnes	First Name Nathan	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0489	Amount of Contribution \$25.00
Residential Street Address 4 Juniper Rd	City Windsor	State CT	Zip Code 06095-1853	Date Received 03/31/2010		
Principal Occupation Financial Project Manager	Name of Employer State of Connecticut		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Armstrong		First Name Judith		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0065	Amount of Contribution
Residential Street Address 30 Sherbrook Dr		City Goshen		State CT	Zip Code 06756-1818		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	
							\$50.00	

Last Name Oxnard		First Name Robbie		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0167	Amount of Contribution
Residential Street Address 12 Woodbury HI			City Woodbury		State CT	Zip Code 06798	Date Received 03/31/2010	
Principal Occupation Psychotherapist			Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00

Last Name Prugh		First Name Clayton		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0129	Amount of Contribution
Residential Street Address 26 Spring Hill Rd			City Cold Spring Harbor		State NY	Zip Code 11724-1303	Date Received 03/31/2010	
Principal Occupation atty			Name of Employer Humes & Wagner			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

Last Name Passaris		First Name Lex		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0427	Amount of Contribution
Residential Street Address 507 N Beachwood Dr		City Los Angeles		State CA	Zip Code 90004-1416		Date Received 03/31/2010	
Principal Occupation TV Production		Name of Employer Self employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Sandoval	First Name Teresa	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0419	Amount of Contribution \$25.00	
Residential Street Address 70 Lawrence St Apt 4	City New Haven	State CT	Zip Code 06511-2663	Date Received 03/31/2010			
Principal Occupation Postdoctoral Associate	Name of Employer Yale University	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$25.00
Last Name Steel	First Name Gillian	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0141	Amount of Contribution \$1,000.00	
Residential Street Address 71 Mayfair Ln	City Greenwich	State CT	Zip Code 06831-3602	Date Received 03/31/2010			
Principal Occupation Not Employed	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00
Last Name Sud	First Name Krishen	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0008	Amount of Contribution \$250.00	
Residential Street Address 133 Taconic Rd	City Greenwich	State CT	Zip Code 06831-3113	Date Received 03/31/2010			
Principal Occupation Investment Management	Name of Employer Sivik Global Healthcare	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$250.00
Last Name Jamar	First Name Benoît	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0066	Amount of Contribution \$3,500.00	
Residential Street Address 29 Raiders Ln	City Darien	State CT	Zip Code 06820-6020	Date Received 03/31/2010			
Principal Occupation Investor	Name of Employer Self-Employed	Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event # 04172010a					
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Hull		First Name Joe		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0488	Amount of Contribution
Residential Street Address 339 Eastern St Apt B1505		City New Haven		State CT	Zip Code 06513-2487		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$60.00		\$25.00

Last Name Jasieniecki		First Name Gloria		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0494	Amount of Contribution
Residential Street Address 140 Flagg Rd Apt L			City West Hartford		State CT	Zip Code 06117-2310	Date Received 03/31/2010	
Principal Occupation Retired			Name of Employer NA			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name Hart		First Name Marilyn		MI D	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0023	Amount of Contribution
Residential Street Address 10 Blueberry Ln		City Darien			State CT	Zip Code 06820-2509	Date Received 03/31/2010	
Principal Occupation Journalist		Name of Employer Self-Employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$150.00		\$150.00

Last Name Lamont		First Name Emily		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0029	Amount of Contribution
Residential Street Address 4 Ashton Dr		City Greenwich		State CT	Zip Code 06831-3762		Date Received 03/31/2010	
Principal Occupation researcher		Name of Employer mercy Corps			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,500.00	\$2,500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Casper		First Name Stewart		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0370	Amount of Contribution
Residential Street Address 72 Seir Hill Rd		City Wilton		State CT	Zip Code 06897-4207		Date Received 03/31/2010	
Principal Occupation lawyer		Name of Employer Casper & de Toledo LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

Last Name Bartlett		First Name Maureen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0166	Amount of Contribution
Residential Street Address 27 Seth Low Mountain Rd			City Ridgefield		State CT	Zip Code 06877-2021	Date Received 03/31/2010	
Principal Occupation Retired			Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

Last Name Harkins		First Name John		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0092	Amount of Contribution
Residential Street Address 45 Lockwood Ave		City Old Greenwich		State CT	Zip Code 06870-1718		Date Received 03/31/2010	
Principal Occupation computer consultant		Name of Employer Accuratus Data Services, LLC			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		\$50.00

Last Name Giffin		First Name Phyllis		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0093	Amount of Contribution \$10.00
Residential Street Address 33 Mott Ave		City New London		State CT	Zip Code 06320-2841		Date Received 03/31/2010	
Principal Occupation unemployed		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$10.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Duus		First Name Andreas		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0137	Amount of Contribution
Residential Street Address 26 Cherry Tree Ln		City Riverside		State CT	Zip Code 06878-2629		Date Received 03/31/2010	
Principal Occupation Retired		Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		
						\$1,000.00		

Last Name Elston		First Name Mary		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0164		Amount of Contribution		
Residential Street Address 13910 Portnell Rd			City Bozeman			State MT		Zip Code 59718-8348		Date Received 03/31/2010		
Principal Occupation computer programmer			Name of Employer Bcc Associates, Inc			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$35.00		\$10.00	

Last Name Coffin		First Name Jonathan		MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0030	Amount of Contribution
Residential Street Address 178 Parsonage Rd		City Greenwich		State CT	Zip Code 06830-3944		Date Received 03/31/2010	
Principal Occupation Private Investor		Name of Employer Self-Employed		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00
								\$1,000.00

Last Name Caton		First Name Chip		MI		Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0405		Amount of Contribution	
Residential Street Address 59 Duncaster Rd			City Bloomfield			State CT		Zip Code 06002-1511		Date Received 03/31/2010	
Principal Occupation artist representative			Name of Employer self			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No					
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative						Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$20.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Dickson	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0479	Amount of Contribution
Residential Street Address 394 Stanwich Rd	City Greenwich	State CT	Zip Code 06830-3532	Date Received 03/31/2010		
Principal Occupation Banker	Name of Employer FBR Capital Markets		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00		
\$1,500.00						
Last Name Rhum	First Name Aimee	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0403	Amount of Contribution
Residential Street Address 6 Sandpiper Point Rd , PO Box 741	City Old Lyme	State CT	Zip Code 06371-1639	Date Received 03/31/2010		
Principal Occupation Retired	Name of Employer None		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00		
\$15.00						
Last Name Winthrop	First Name Grant	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0404	Amount of Contribution
Residential Street Address 1115 5th Ave Apt 5C	City New York	State NY	Zip Code 10128-0100	Date Received 03/31/2010		
Principal Occupation Investment Advisor	Name of Employer Milbank Winthrop & Co.		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00		
\$500.00						
Last Name Sessions	First Name David	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0389	Amount of Contribution
Residential Street Address 105 Turnbull Rd	City New Hartford	State CT	Zip Code 06057-4137	Date Received 03/31/2010		
Principal Occupation President	Name of Employer CASLE Corporation		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
\$100.00						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Shumway		First Name Chris		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0331	Amount of Contribution	
Residential Street Address 100 W Putnam Ave Fl 4		City Greenwich		State CT	Zip Code 06830-5342		Date Received 03/31/2010		
Principal Occupation portfolio manager		Name of Employer Shumway Capital Partners			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$3,500.00		\$3,500.00

Last Name O'Connor		First Name Kelly		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0332	Amount of Contribution
Residential Street Address 7 Flagler Dr		City Greenwich		State CT	Zip Code 06830-3419		Date Received 03/31/2010	
Principal Occupation Designer		Name of Employer Kelly S. O'Connor Design			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,000.00		\$2,000.00

Last Name Galef		First Name Kirsten		MI A	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0326	Amount of Contribution \$3,500.00
Residential Street Address 31 Rock Ridge Ave		City Greenwich		State CT	Zip Code 06831-4414	Date Received 03/31/2010		
Principal Occupation none		Name of Employer none			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

Last Name McDonald		First Name Gordon		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0345	Amount of Contribution
Residential Street Address 6725 19th Rd N			City Arlington		State VA	Zip Code 22205-1807	Date Received 03/31/2010	
Principal Occupation Management			Name of Employer Pew Charitable Trusts			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Dapile	First Name Paul	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0278	Amount of Contribution \$15.00
Residential Street Address 126 Frederick St	City Bristol	State CT	Zip Code 06010-6642	Date Received 03/31/2010		
Principal Occupation R&D	Name of Employer Retired	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Pfeifer	First Name Devon	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0516	Amount of Contribution \$25.00
Residential Street Address 670 S Pine Creek Rd	City Fairfield	State CT	Zip Code 06824-6326	Date Received 03/31/2010		
Principal Occupation Analyst/Researcher	Name of Employer JCH, LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Hayt	First Name Gregory	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0518	Amount of Contribution \$3,500.00
Residential Street Address 8 Rolling Ridge Ct	City Mount Kisco	State NY	Zip Code 10549-4750	Date Received 03/31/2010		
Principal Occupation Finance	Name of Employer Paloma Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		
Last Name Anderson	First Name Edward	MI T	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0531	Amount of Contribution \$3,500.00
Residential Street Address 950 Winter St Ste 4600	City Waltham	State MA	Zip Code 02451-1454	Date Received 03/31/2010		
Principal Occupation Venture Capitalist	Name of Employer North Bridge Venture Partners	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$3,500.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gonzalez		First Name Hermes		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order		<input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0532		Amount of Contribution	
Residential Street Address 237 Hamilton Ave			City Greenwich		State CT	Zip Code 06830		Date Received 03/31/2010				
Principal Occupation Houseman			Name of Employer N/A			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #						
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative					Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00			\$50.00	

Last Name Ghaffari		First Name Paul		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0535	Amount of Contribution
Residential Street Address 61 Clapboard Ridge Rd		City Greenwich		State CT	Zip Code 06830-3404		Date Received 03/31/2010	
Principal Occupation investment manager		Name of Employer palatine hill partners			Is this contribution associated with a fundraising event listed in Section J1? <input checked="" type="checkbox"/> Yes If yes, list Event # <u>04172010a</u> <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$2,000.00	\$2,000.00

Last Name Host		First Name George		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0545	Amount of Contribution
Residential Street Address 5 Pierson Dr		City Greenwich		State CT	Zip Code 06831-2523		Date Received 03/31/2010	
Principal Occupation Director		Name of Employer SD Malkin Properties			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$1,000.00	\$1,000.00

Last Name McMillin		First Name George		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0586	Amount of Contribution
Residential Street Address 15 Back Acres Way			City Stonington		State CT	Zip Code 06378-1907	Date Received 03/31/2010	
Principal Occupation Pharmacist			Name of Employer Rite Aid		Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Aggregate Contributions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Weeks		First Name Denise		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0558	Amount of Contribution
Residential Street Address 334 Hollister Way W		City Glastonbury		State CT	Zip Code 06033-3122		Date Received 03/31/2010	
Principal Occupation retired		Name of Employer retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions <div style="text-align: right;">\$10.00</div>		

Last Name Coyle		First Name Stephen		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0572	Amount of Contribution
Residential Street Address 23 Deer Run Dr		City Colchester		State CT	Zip Code 06415-1806		Date Received 03/31/2010	
Principal Occupation computer consultant		Name of Employer TEK Systems			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$10.00		\$10.00

Last Name Smith		First Name Anne		MI C	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0459	Amount of Contribution \$50.00
Residential Street Address 70 Indian Hill Rd		City Collinsville		State CT	Zip Code 06019-3622	Date Received 03/31/2010		
Principal Occupation Not Employed		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

Last Name Coe		First Name Michael		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0472	Amount of Contribution \$250.00
Residential Street Address 376 Saint Ronan St		City New Haven		State CT	Zip Code 06511-2251	Date Received 03/31/2010		
Principal Occupation Author		Name of Employer Retired			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gombos		First Name Raymond		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0469	Amount of Contribution
Residential Street Address 23 Macarthur Rd		City Trumbull		State CT	Zip Code 06611-3725		Date Received 03/31/2010	
Principal Occupation Project Manager		Name of Employer Affinion			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		

Last Name Holton		First Name Tracy		MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0476	Amount of Contribution
Residential Street Address 1 Halsey Dr		City Old Greenwich		State CT	Zip Code 06870-1204		Date Received 03/31/2010	
Principal Occupation attorney		Name of Employer self-employed			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00		\$1,000.00

Last Name Ritchie		First Name Susan		MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0495	Amount of Contribution \$100.00
Residential Street Address 17 Cobble Rd		City Salisbury		State CT	Zip Code 06068-1501		Date Received 03/31/2010	
Principal Occupation Retired		Name of Employer None			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		

Last Name Foley		First Name Thomas		MI F	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0503	Amount of Contribution
Residential Street Address 54 Westland Ave		City West Hartford			State CT	Zip Code 06107-2732	Date Received 03/31/2010	
Principal Occupation retired		Name of Employer n/a			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #			
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		\$50.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Lamont	First Name Jean	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0505	Amount of Contribution \$100.00
Residential Street Address 42 Brookhaven Rd	City Hamden	State CT	Zip Code 06517-2946	Date Received 03/31/2010		
Principal Occupation educational consultant	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00		
Last Name Sprout	First Name Howard	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0433	Amount of Contribution \$25.00
Residential Street Address 35 Filley St	City Bloomfield	State CT	Zip Code 06002-1804	Date Received 03/31/2010		
Principal Occupation retired	Name of Employer n/a	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Vanalstine	First Name Phillip	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0437	Amount of Contribution \$25.00
Residential Street Address 100 Longvue Dr	City Wethersfield	State CT	Zip Code 06109-3021	Date Received 03/31/2010		
Principal Occupation Security Engineer	Name of Employer Aetna	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
Last Name Gonzalez	First Name Gladis	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0454	Amount of Contribution \$50.00
Residential Street Address 237 Hamilton Ave	City Greenwich	State CT	Zip Code 06830-6168	Date Received 03/31/2010		
Principal Occupation Housekeeper	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

B. Itemized Contributions from Individuals

Last Name Gonzalez	First Name Dennis	MI	Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 0521	Amount of Contribution \$50.00
Residential Street Address 237 Hamilton Ave	City Greenwich	State CT	Zip Code 06830-6168	Date Received 03/31/2010		
Principal Occupation Student	Name of Employer None	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00		
Last Name Sanger	First Name Alexander	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0455	Amount of Contribution \$250.00
Residential Street Address 7 Gracie Sq	City New York	State NY	Zip Code 10028-8001	Date Received 03/31/2010		
Principal Occupation writer	Name of Employer self-employed	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$250.00		
Last Name Fisher	First Name Everett	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0418	Amount of Contribution \$750.00
Residential Street Address 45 Lismore Ln	City Greenwich	State CT	Zip Code 06831-3741	Date Received 03/31/2010		
Principal Occupation Attorney	Name of Employer Fogarty Cohen Selby & Nemiroff LLC	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00		
Last Name Holmes	First Name Anita	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 0407	Amount of Contribution \$15.00
Residential Street Address 8 Aetna Ln	City Norfolk	State CT	Zip Code 06058-1236	Date Received 03/31/2010		
Principal Occupation Writer/Editor	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$15.00		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor					Original 04/12/2010	
C1. Contributions from Other Committees						
Name of Committee Lamont 2010 Exploratory Committee				Name of Treasurer Marc C Bradley		
Address PO Box 156			Is this contribution associated with a fundraising event listed in Section J1? <input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No		Amount of Contribution \$530.33	
City Norwalk	State CT	Zip Code 06853	Date Received 03/10/2010	Aggregate Contributions \$530.33		
Total of Section C1						\$530.33

I. MONETARY RECEIPTS (Section A-I)				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				Original 04/12/2010
C2. Reimbursements or Payments from other Committees				
Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE	
Lamont For Governor		Original 04/12/2010	
E. Personal Funds of the Candidate Received this Period			
Date Received 02/12/2010	Amount \$250,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			\$250,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE
Lamont For Governor					Original 04/12/2010
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Total Amount Received
Street Address	City	
	State	Zip Code

Total of Section G	
---------------------------	--

I. MONETARY RECEIPTS (Section A-K)			
NAME OF COMMITTEE			FILING DUE DATE
Lamont For Governor			Original 04/12/2010
H. Public Grant Funds Received from the Citizen's Election Fund			
Purpose of Grant:	Supplemental/Independent Expenditure	Date Received	Amount
Initial			
Primary General or Special Election	Primary General or Special Election		
Supplemental/Post Election Deficit	Supplemental/Excess Expenditure		
General or Special Election	Primary General or Special Election		
Total of Section H			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor				Original 04/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name Harland Clarke			Date of Transaction 03/17/2010		Amount Received \$246.06
Street Address 169 Orange St	City New Haven	State CT	Zip Code 06510-3111		
Description Refund of bank fees					
Total of Section I					\$246.06

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Lamont For Governor	Original 04/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 02/17/2010 a	Meet and Greet Event	Austad residence 38 Wellington St .	New Britain	CT	06053

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 02/21/2010 a	Cocktail Event	11 Hidden Brook Rd	Riverside	CT	06878

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/05/2010 a	Meet and Greet Event	Offices of McGrath & McGrath, LLC 4	Willimantic	CT	06226

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/07/2010 a	Meet and Greet Event	Home of Shiva Sarraam	New Canaan	CT	06840

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

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

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

Fundraising Event # Date of Fundraiser	Description	Location: Street Address	City	State	Zip Code
Letter 03/08/2010 a	Home Fundraiser	Home of Richard and Roz Edelman 277	New York	NY	

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	FILING DUE DATE
COMMITTEE Lamont For Governor	Original 04/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser 03/13/2010	Description Letter a Home Fundraiser	Location: Street Address Home of Art Feltman and Dale Wallin	City West Hartford	State CT	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

Fundraising Event # Date of Fundraiser 04/11/2010	Description Letter a Home Fundraiser	Location: Street Address Home of Sandy and Curly Lieber 27	City Lyme	State CT	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

Fundraising Event # Date of Fundraiser 04/17/2010	Description Letter a Home Fundraiser	Location: Street Address Home of Malcolm and Carolyn Wiener	City Greenwich	State CT	Zip Code 06830
---	---	--	-------------------	-------------	-------------------

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

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

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

Fundraising Event # Date of Fundraiser 04/28/2010	Description Letter a Home Fundraiser	Location: Street Address Home of Laura and Vic Altshul 461 H	City New Haven	State CT	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

Fundraising Event # Date of Fundraiser 05/01/2010	Description Letter a Home Fundraiser	Location: Street Address Home of Latha Dulipsingh and Kartik	City West Hartford	State CT	Zip Code 06107
---	---	---	-----------------------	-------------	-------------------

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

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: <div style="display: flex; justify-content: space-between; font-size: small;"> Individual Business Entity </div>		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						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

K. In-Kind Contributions

Name Austad Carol				Date Received 02/17/2010		Fair Market Value of this Contribution
Street Address 38 Wellington St		City New Britain	State CT	Zip Code 06053-3240		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>02172010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 2-17 New Britain Fundraiser		
Name Lynch Podie				Date Received 02/27/2010		Fair Market Value of this Contribution
Street Address 415 Round Hill Rd		City Greenwich	State CT	Zip Code 06831-2617		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Food for 2/27 FC Meeting		
Name McGrath Barbara				Date Received 03/05/2010		Fair Market Value of this Contribution
Street Address PO Box 116		City Windham	State CT	Zip Code 06280-0116		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Food for 3-5 Willimantic Fundraiser		

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

K. In-Kind Contributions

Name Sarram Shiva				Date Received 03/07/2010		Fair Market Value of this Contribution
Street Address 33 Soundview Ln		City New Canaan	State CT	Zip Code 06840-2732		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>03072010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 3-7 New Canaan Fundraiser		
Name Edelman Rosalind				Date Received 03/08/2010		Fair Market Value of this Contribution
Street Address 277 W End Ave Apt 4B		City New York	State NY	Zip Code 10023-2608		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>03082010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 3/8 NYC Fundraiser		
Name Edelman Richard				Date Received 03/08/2010		Fair Market Value of this Contribution
Street Address 277 W End Ave Apt 4B		City New York	State NY	Zip Code 10023-2604		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>03082010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 3/8 NYC Fundraiser		

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

K. In-Kind Contributions

Name Feltman Art				Date Received 03/13/2010		Fair Market Value of this Contribution
Street Address 50 Beechtree Ln		City West Hartford		State CT	Zip Code 06107-1001	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# <u>03132010a</u>		Description of In-Kind Contribution Food for 3-13 West Hartford Fundraiser		Aggregate contributions \$2,313.58	\$2,313.58	

Name Callaway R Samuel				Date Received 03/14/2010		Fair Market Value of this Contribution
Street Address 8 Sanfordtown Rd		City Redding		State CT	Zip Code 06896	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Description of In-Kind Contribution Food for 3-14 Redding Fundraiser		Aggregate contributions \$111.83	\$111.83	

Name Callaway Jill				Date Received 03/14/2010		Fair Market Value of this Contribution
Street Address 8 Sanfordtown Rd		City Redding		State CT	Zip Code 06896	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Description of In-Kind Contribution Food for 3-14 Redding Fundraiser		Aggregate contributions \$150.00	\$150.00	

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

K. In-Kind Contributions

Name Jacobs Bruce				Date Received 03/16/2010		Fair Market Value of this Contribution
Street Address 781 Tummel Ln		City West Haven		State CT	Zip Code 06516-7927	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Food and Beverage		
Name Feen Carl				Date Received 03/16/2010		Fair Market Value of this Contribution
Street Address 791 Tummel Ln		City West Haven		State CT	Zip Code 06516	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Food and Beverage		
Name Romeo Michael				Date Received 03/16/2010		Fair Market Value of this Contribution
Street Address 792 Tummel Ln		City West Haven		State CT	Zip Code 06516-7927	
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of In-Kind Contribution Food and Beverage		

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

K. In-Kind Contributions

Name Beatty F John				Date Received 03/21/2010		Fair Market Value of this Contribution
Street Address 11 Hidden Brook Rd		City Riverside	State CT	Zip Code 06878		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event# <u>02212010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 2/21 Riverside Fundraiser	Aggregate contributions \$1,344.68	

\$1,344.68

Name Beatty G Chloe				Date Received 03/21/2010		Fair Market Value of this Contribution
Street Address 11 Hidden Brook Rd		City Riverside	State CT	Zip Code 06878-2303		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section II? If yes, list Event# <u>02212010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution Food for 2/21 Riverside Fundraiser	Aggregate contributions \$1,344.67	

\$1,344.67

Total of Section K

\$14,217.22

III. Non Monetary Receipts

NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor					Original 04/12/2010	
L. Refundable Deposit to Telephone Company						
Last Name (Individuals Only)	First Name			MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code			
Name of Telephone company						
Street Address	City	State	Zip Code			
Total of Section L						

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor				Original 04/12/2010	
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation		Purpose of Expenditure A B C D E			
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor						Original 04/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					02/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	WIRE		
1600 Locust St	Philadelphia	PA	19103-6305	A-OTH	<input type="checkbox"/> Debit Card		
Description					Event #		\$15,000.00
Media							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					02/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	BNKREC		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description					Event #		\$30.00
Bank Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		
Name of Payee					Date of Payment	Method of Payment	Amount
The Old State House					02/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1091		
800 Main St	Hartford	CT	06103-2301	Misc *	<input type="checkbox"/> Debit Card		
Description					Event #		\$1,883.70
Space Rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
People's Bank United				02/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
Bank Service Fee						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$502.09

Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					02/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
Bank Service Fee							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$502.09

Name of Payee				Date of Payment	Method of Payment	Amount
People's Bank United				02/22/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
Bank Service Fee						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$502.09

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Gabe Rosenberg					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1008</u>	Amount \$5,902.67
Street Address 270 Thorton St	City Hamden	State CT	Zip Code 06517	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Sunflower Management					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1007</u>	Amount \$12,500.00
Street Address 418 Elm St	City Raleigh	State NC	Zip Code 27601	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Research					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Ruth Yorke					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <u>1010</u>	Amount \$645.74
Street Address 7 Ridge Rd	City Cos Cob	State CT	Zip Code 06807-2309	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Wade Gibson					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$2,749.85
Street Address 111 Park St Apt 6R	City New Haven	State CT	Zip Code 06511-5456	Purpose of Expenditure CNSLT	1005		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Jared Kupiec					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$3,083.11
Street Address 311 Quaker Ln S	City West Hartford	State CT	Zip Code 06119-2220	Purpose of Expenditure CNSLT	1006		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Marc Bradley					Date of Payment 02/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount \$2,258.65
Street Address 35 Mason St	City Greenwich	State CT	Zip Code 06830	Purpose of Expenditure CNSLT	1001		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Elvira Albert					02/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1019</u>		
38 Klondike Ave	Stamford	CT	06907	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Consulting Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,385.25							

Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty Company					02/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1034</u>		
27 Realty Dr , Caller Box 22	Cheshire	CT	06410	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Campaign Merch							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$391.15							

Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					02/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1002</u>		
1600 N Oak St Apt 11	Arlington	VA	22209	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Consulting Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$9,107.37							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Andrew Callahan					02/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1004</u>	
47 Metacomet Rd		Farmington	CT	06032-1801	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,030.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Gordon McDonald					02/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1011</u>	
6725 19th Rd N		Arlington	VA	22205-1807	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Consulting Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$3,500.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Magnani Press					02/25/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1036</u>	
120 New Park Ave		Hartford	CT	06106-2185	PRNT	<input type="checkbox"/> Debit Card	
Description						Event #	
Invitations							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$306.34							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Andrew Mangino					Date of Payment 02/25/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1013	Amount \$1,200.00
Street Address 80 Westover Ave	City West Cadwell	State NJ	Zip Code 07006	Purpose of Expenditure CNSLT	<input type="checkbox"/> Debit Card		
Description Payroll					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Peter D. Hart & Associates					Date of Payment 03/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1014	Amount \$16,334.70
Street Address 1724 Connecticut Ave NW	City Washington	State DC	Zip Code 20009	Purpose of Expenditure POLLS	<input type="checkbox"/> Debit Card		
Description Research Polling					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee People's Bank United					Date of Payment 03/03/2010	Method of Payment <input checked="" type="checkbox"/> Check # BNKREC	Amount \$356.89
Street Address 410 Greenwich Ave	City Greenwich	State CT	Zip Code 06830-6523	Purpose of Expenditure BNK	<input type="checkbox"/> Debit Card		
Description Bank Service 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
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
People's Bank United				03/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>	
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
Bank Service Fee						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$552.40

Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					03/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
Bank Service Fee							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$66.70

Name of Payee				Date of Payment	Method of Payment	Amount
Harland Clarke				03/03/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>BNKREC</u>	
169 Orange St	New Haven	CT	06510-3111	BNK	<input type="checkbox"/> Debit Card	
Description					Event #	
Consulting Services						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$246.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Joe Abbey					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1023</u>	
1600 N Oak St Apt 11		Arlington	VA	22209	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	\$1,275.48
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
Treasurer of the State of Connecticut					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1018</u>	
20 Trinity St .		Hartford	CT	06154	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	\$199.00
Overhead							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1022</u>	
311 Quaker Ln S		West Hartford	CT	06119-2220	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	\$1,619.93
Consulting Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Elvira Albert				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1019</u>	
38 Klondike Ave	Stamford	CT	06907	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consulting Services						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
\$1,117.35						

Name of Payee				Date of Payment	Method of Payment	Amount
Trilogy Interactive, LLC				03/05/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1016</u>	
1508 W Sunnyside Ave	Chicago	IL	60640	WEB	<input type="checkbox"/> Debit Card	
Description					Event #	
New Media: Website						
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought	
<input type="checkbox"/> Yes						
<input checked="checked" type="checkbox"/> No						
						\$7,700.00

Name of Payee				Date of Payment	Method of Payment	Amount
Marc Bradley				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1020</u>	
35 Mason St	Greenwich	CT	06830	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consulting Services						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$4,416.54

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Marc Bradley				03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1021</u>	
35 Mason St	Greenwich	CT	06830	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Consulting Services						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
\$1,393.21						

Name of Payee					Date of Payment	Method of Payment	Amount
Total Graphics					03/05/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1015</u>		
320 Dr Martin Luther King Jr Dr	Norwalk	CT	06854-4647	PRNT	<input type="checkbox"/> Debit Card		
Description						Event #	
Stationary, Business Cards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$143.10	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee				Date of Payment	Method of Payment	Amount
LeBlanc Communications Group				03/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1025</u>	
38 High Ridge Rd	West Redding	CT	06896-2019	EFV *	<input type="checkbox"/> Debit Card	
Description					Event #	
Telephone Service						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$5,028.74

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount			
Olympia Properties LLC	03/09/2010	<input checked="" type="checkbox"/> Check # <u>1024</u>				
Street Address 142 Temple St Ste 304	City New Haven	State CT		Zip Code 06510	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card
Description March Rent	Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
					\$1,188.00	
Name of Payee	Date of Payment	Method of Payment	Amount			
Connecticut Democrats	03/10/2010	<input checked="" type="checkbox"/> Check # <u>1200</u>				
Street Address 330 Main St	City Hartford	State CT		Zip Code 06106	Purpose of Expenditure POC	<input type="checkbox"/> Debit Card
Description Voter Action Network	Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
					\$4,000.00	
Name of Payee	Date of Payment	Method of Payment	Amount			
Joe Abbey	03/11/2010	<input checked="" type="checkbox"/> Check # <u>1031</u>				
Street Address 1600 N Oak St Apt 11	City Arlington	State VA		Zip Code 22209	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card
Description Reimbursement	Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
					\$1,348.33	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Seth Bannon					Date of Payment 03/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$31.80
Street Address 54 Wauwinet Ct	City Guilford	State CT	Zip Code 06437-1101	Purpose of Expenditure CNSLT	1029 <input type="checkbox"/> Debit Card		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Gabe Rosenberg					Date of Payment 03/11/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$25.45
Street Address 270 Thorton St	City Hamden	State CT	Zip Code 06517	Purpose of Expenditure CNSLT	1030 <input type="checkbox"/> Debit Card		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Administaff					Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$37,719.88
Street Address 1251 Avenue of the Americas	City New York	State NY	Zip Code 10020-1104	Purpose of Expenditure CNSLT	WIRE1 <input type="checkbox"/> Debit Card		
Description Payroll					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Sheehan Associates					03/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1026</u>		
1150 17th St NW Ste 604	Washington	DC	20036	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		
Consulting Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$7,000.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Friends of Chris Dodd					03/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1042</u>		
PO Box 270701	West Hartford	CT	06127	POC	<input type="checkbox"/> Debit Card		
Description					Event #		
Office Equipment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$114.00							

Name of Payee					Date of Payment	Method of Payment	Amount
Blue State Digital					03/18/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1037</u>		
734 15th St NW Ste 1200	Washington	DC	20005	WEB	<input type="checkbox"/> Debit Card		
Description					Event #		
Web Site Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$500.00							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee Mack Crounse Group					Date of Payment 03/18/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$4,700.00
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA	Zip Code 22311-1750	Purpose of Expenditure A-DM	1028 <input type="checkbox"/> Debit Card		
Description Campaign Literature					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee Andrew Callahan					Date of Payment 03/18/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$423.21
Street Address 47 Metacomet Rd	City Farmington	State CT	Zip Code 06032-1801	Purpose of Expenditure CNSLT	1032 <input type="checkbox"/> Debit Card		
Description Consulting Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		
Name of Payee The Campaign Group					Date of Payment 03/23/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount \$50,000.00
Street Address 1600 Locust St	City Philadelphia	State PA	Zip Code 19103-6305	Purpose of Expenditure A-TV	WIRE <input type="checkbox"/> Debit Card		
Description Media					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought 		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Administrastaff					03/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>WIRE2</u>	
1251 Avenue of the Americas		New York	NY	10020-1104	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Payroll							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$7,957.85							
Name of Payee					Date of Payment	Method of Payment	Amount
Express Parking					03/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1040</u>	
96 Orange St		New Haven	CT	06510-3109	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
March Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$1,399.20							
Name of Payee					Date of Payment	Method of Payment	Amount
Jared Kupiec					03/29/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1039</u>	
311 Quaker Ln S		West Hartford	CT	06119-2220	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Food and Beverage							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$21.28							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Kirk Wilson				03/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1047</u>	
28 Alden Rd	Greenwich	CT	06831-4448	REF	<input type="checkbox"/> Debit Card	
Description					Event #	
Refund of Contribution						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$1,500.00

Name of Payee					Date of Payment	Method of Payment	Amount
Poland Spring					03/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1044</u>		
60 Dodge Ave	North Haven	CT	06473-1124	FOOD	<input type="checkbox"/> Debit Card		
Description						Event #	
Water							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? </div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>							
							\$163.70

Name of Payee						Date of Payment	Method of Payment	Amount
Kirk A Bartholomew						03/31/2010	<input checked="" type="checkbox"/> Check # 1047	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
57 Highland Ter		Middletown	CT	06457-4126	Misc *			
Description Bill Payment							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name Office Sought</div> <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>								\$1,500.00

IV. EXPENDITURES						
NAME OF COMMITTEE						FILING DUE DATE
Lamont For Governor						Original 04/12/2010
N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Administaff				03/31/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>WIRE3</u>	
1251 Avenue of the Americas	New York	NY	10020-1104	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Payroll						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$41,100.30
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Total of Section N						\$267,387.97

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Lamont For Governor						Original 04/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment		Is Reimbursement Claimed? Yes No	Amount
Street Address			City		State	Zip Code		
Purpose of Expenditure	Description					Event #		
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor					Original 04/12/2010	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
Total of Section P						

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Lamont For Governor						Original 04/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Sandler, Reiff & Young, P.C.				Date Incurred 03/01/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 300 M St SE Ste 1102			City Washington			State DC	Zip Code 20003-3437	
Purpose of Expenditure CNSLT	Description Legal Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$4,500.00
Name of Creditor Mack Crounse Group				Date Incurred 03/15/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 2001 N Beauregard St Ste 420			City Alexandria			State VA	Zip Code 22311-1750	
Purpose of Expenditure A-DM	Description Campaign Literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

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

Name of Creditor Blue State Digital		Date Incurred 03/15/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 734 15th St NW Ste 1200		City Washington		State DC		Zip Code 20005
Purpose of Expenditure WEB	Description Web Site Fees					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$3,500.00

Name of Creditor Hartford Courant		Date Incurred 03/22/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 285 Broad St		City Hartford		State CT		Zip Code 06105-3719
Purpose of Expenditure Misc *	Description Newspaper					
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
		Other Candidate(s) Name		Office Sought		\$84.50

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

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

Name of Creditor The Campaign Group		Date Incurred 03/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 1600 Locust St		City Philadelphia	State PA	Zip Code 19103-6305	
Purpose of Expenditure A-TV	Description Media				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$50,000.00
Name of Creditor Sunflower Management		Date Incurred 03/23/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 418 Elm St		City Raleigh	State NC	Zip Code 27601	
Purpose of Expenditure CNSLT	Description Research				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought	\$12,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

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

Name of Creditor Olympia Properties LLC		Date Incurred 03/24/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 142 Temple St Ste 304		City New Haven	State CT	Zip Code 06510	
Purpose of Expenditure OVHD	Description Rent				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$6,355.00

Name of Creditor Jared Kupiec		Date Incurred 03/25/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 311 Quaker Ln S		City West Hartford	State CT	Zip Code 06119-2220	
Purpose of Expenditure OFFICE	Description Office Supplies				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Other Candidate(s) Name	Office Sought		\$11.43

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

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

Name of Creditor Eric Bragg		Date Incurred 03/26/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 396 Mansfield Ave		City Darien	State CT	Zip Code 06820-2112	
Purpose of Expenditure Misc *	Description Miscellaneous Items				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$338.41	

Name of Creditor Jessie Jamar		Date Incurred 03/31/2010	Event #		Amount Incurred (Estimate or Actual)
Street Address 29 Raiders Ln		City Darien	State CT	Zip Code 06820-6020	
Purpose of Expenditure Misc *	Description Miscellaneous Items				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Other Candidate(s) Name		Office Sought		\$562.52	

Total of Section Q					\$78,601.86
--------------------	--	--	--	--	-------------

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1023	Amount \$91.32
Secondary Payee 85 Main		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 85 Main St	City Putnam	State CT	Zip Code 06260-1919	
Description 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 		

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1023	Amount
Secondary Payee House of Chao		Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card	
Street Address 898 Whalley Ave	City New Haven	State CT	Zip Code 06515-1730	
Description 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		
				\$85.81

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Abbey, Joe	Date of Payment 03/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1023	Amount	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 1179 Chapel St	City New Haven	State CT		Zip Code 06511-4701
Description 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		\$34.96

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/05/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1023	Amount
Secondary Payee Rite Aid		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 66 Church St	City New Haven	State CT	Zip Code 06510-3304	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
				\$16.26

Name of Worker/Consultant Abbey, Joe	Date of Payment 03/05/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1023	Amount	
Secondary Payee Target	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 25 Boston Post Rd	City Orange	State CT		Zip Code 06477-3203
Description Office Supplies				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			\$87.12	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Abbey, Joe	03/05/2010	<input checked="" type="checkbox"/> Check # 1023	
Secondary Payee	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
Home Depot	OFFICE		
Street Address	City	State	
1873 Dixwell Ave	Hamden	CT	
Description	Zip Code	Event #	
Office Supplies	06514-3103		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes			
<input checked="" type="checkbox"/> No			

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/05/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1023	Amount
Secondary Payee Home Depot		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 1873 Dixwell Ave	City Hamden	State CT	Zip Code 06514-3103	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$150.25

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Abbey, Joe	Date of Payment 03/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1031	Amount	
Secondary Payee Rite Aid	Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card		
Street Address 66 Church St	City New Haven	State CT		Zip Code 06510-3304
Description Office Supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name				Office Sought
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$27.53	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/11/2010	Method of Payment <input checked="checked" type="checkbox"/> Check # 1031	Amount
Secondary Payee FreedomVoice Systems		Purpose of Expenditure EFV *	<input type="checkbox"/> Debit Card	
Street Address 169 Saxony Rd Ste 212	City Encinitas	State CA	Zip Code 92024-6781	
Description Phone System			Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div>				
				\$1,268.26

Name of Worker/Consultant Abbey, Joe		Date of Payment 03/11/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1031	Amount \$26.69
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input type="checkbox"/> Debit Card	
Street Address 80 Boston Post Rd	City Orange	State CT	Zip Code 06477-3219	
Description Office Supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kupiec, Jared	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # 1039	Amount	
Secondary Payee Dunkin Donuts	Purpose of Expenditure FOOD	<input type="checkbox"/> Debit Card		
Street Address 1179 Chapel St	City New Haven	State CT		Zip Code 06511-4701
Description Food				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			\$21.28	

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount	
Secondary Payee Wade Gibson	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 111 Park St Apt 6R	City New Haven	State CT		Zip Code 06511-5456
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$1,750.00

Name of Worker/Consultant Administaff		Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount \$2,000.00
Secondary Payee Jennifer Just		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 157 Center Rd	City Woodbridge	State CT	Zip Code 06525-1840	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount
Secondary Payee Joe Abbey		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 1600 N Oak St Apt 11	City Arlington	State VA	Zip Code 22209	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$6,750.00

Name of Worker/Consultant Administaff		Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount
Secondary Payee Elvira Albert		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 38 Klondike Ave	City Stamford	State CT	Zip Code 06907	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$1,750.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1 <input type="checkbox"/> Debit Card	
Secondary Payee Mr. Marc C Bradley	Purpose of Expenditure WAGE		
Street Address 29 Yarmouth Rd Apt T	City Norwalk	State CT	Zip Code 06853-1856
Description Payroll			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	
			\$3,000.00

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount \$2,000.00	
Secondary Payee Seth Bannon	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 54 Wauwinet Ct	City Guilford	State CT		Zip Code 06437-1101
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				

Name of Worker/Consultant Administaff	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount	
Secondary Payee Eric Bragg	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 396 Mansfield Ave	City Darien	State CT		Zip Code 06820-2112
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		\$1,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

Name of Worker/Consultant Administaff	Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1		Amount
Secondary Payee Rebecca Slutzky	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 2417 Northfield Rd	City Charlottesville	State VA	Zip Code 22901-1727	
Description Payroll				
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$3,000.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 03/15/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE1	Amount
Secondary Payee Gabe Rosenberg		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 270 Thorton St	City Hamden	State CT	Zip Code 06517	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$4,000.00

Name of Worker/Consultant Administaff		Date of Payment 03/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE2	Amount
Secondary Payee Jennifer Butler		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 21 Temple St Apt 807	City Hartford	State CT	Zip Code 06103-1325	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$2,500.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff		Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount
Secondary Payee Jennifer Butler		Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card	
Street Address 21 Temple St Apt 807	City Hartford	State CT	Zip Code 06103-1325	
Description Payroll			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$2,500.00

Name of Worker/Consultant	Date of Payment	Method of Payment		Amount
Administaff	03/31/2010	<input checked="" type="checkbox"/> Check # WIRE3 <input type="checkbox"/> Debit Card		
Secondary Payee	Purpose of Expenditure			
Eric Bragg	WAGE			
Street Address	City	State	Zip Code	
396 Mansfield Ave	Darien	CT	06820-2112	
Description	Event #			
Payroll				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No				\$1,029.17

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount \$3,000.00	
Secondary Payee Rebecca Slutzky	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 2417 Northfield Rd	City Charlottesville	State VA		Zip Code 22901-1727
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name Office Sought

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount	
Secondary Payee Seth Bannon	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 54 Wauwinet Ct	City Guilford	State CT		Zip Code 06437-1101
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$2,000.00

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible][illegible]

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount	
Secondary Payee Joe Abbey	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 1600 N Oak St Apt 11	City Arlington	State VA		Zip Code 22209
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$6,750.00

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount	
Secondary Payee Jennifer Just	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 157 Center Rd	City Woodbridge	State CT		Zip Code 06525-1840
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$2,000.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount	
Secondary Payee Wade Gibson	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 111 Park St Apt 6R	City New Haven	State CT		Zip Code 06511-5456
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought		\$1,750.00

Name of Worker/Consultant Administaff	Date of Payment 03/31/2010	Method of Payment <input checked="" type="checkbox"/> Check # WIRE3	Amount	
Secondary Payee Jared Kupiec	Purpose of Expenditure WAGE	<input type="checkbox"/> Debit Card		
Street Address 311 Quaker Ln S	City West Hartford	State CT		Zip Code 06119-2220
Description Payroll				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$3,250.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 04/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

[illegible]

IV. EXPENDITURES

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor				Original 04/12/2010	
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					